DOCUMENT RESUME

ED 086 325 PS 006 945

AUTHOR	Zamoff, Richard B.; And Others
TITLE	Evaluation of Head Start Experience with "Healthy, That's Me" in the Second Year. Volume I.
INSTITUTION	Urban Inst., Washington, D.C.
SPONS AGENCY	Office of Child Development (DHEW), Washington, D.C.
REPORT NO	OCD-H-3941-BHO
PUB DATE	28 Sep 73
NOTE	157p.; For Volume II, see PS 006 946
EDRS PRICE	MF-$0.65 HC-$6.58
DESCRIPTORS	Curriculum Evaluation; *Health Activities Handbooks; Health Books; *Health Education; Health Guides; Health Programs; *Interviews; Parent Attitudes; Parent Education; *Preschool Curriculum; Preschool Teachers; *Program Evaluation; Teacher Evaluation
IDENTIFIERS	*Head Start Health Evaluation

ABSTRACT

This evaluation report is based primarily on interviews administered to Head Start parents and staff at 26 Head Start centers during 1972-73. Chapter I provides a summary of major findings and recommendations. Chapter II summarizes the current status of the health education curriculum guide, "Healthy, That's Me" and discusses the objectives of the second year's evaluation. Chapter III presents the overall reactions of Head Start staff and parents to the curriculum guide, as well as general suggestions for revisions and priorities for additional material to be included in the guide. Chapter IV assesses the impact of "Healthy, That's Me" on various health-related attitudes and behaviors of Head Start staff, parents, and children. Chapter V identifies the costs of various types of teacher training in the use of "Healthy, That's Me" and relates these types of training to teacher, parent, and child outcomes. Included in the final chapter are recommendations for revisions of the curriculum guide and suggestions for methods of training Head Start teachers to use the guide. The appendices provide a detailed analysis of the topics listed above. (Author/CS)

FILMED FROM BEST AVAILABLE COPY

ED 086325

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

URBAN INSTITUTE CONTRACT REPORT 968-4
SUBMITTED TO
THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
IN COMPLIANCE WITH CONTRACT NO. H-3941-B/H/O

VOLUME I

EVALUATION OF HEAD START EXPERIENCE WITH HEALTHY, THAT'S ME IN THE SECOND YEAR

by

Richard B. Zamoff
Cynthia A. Lancer
Katryna J. Regan
Francine L. Tolson

September 28, 1973

PS 006945

This report was prepared by The Urban Institute to fulfill the contract requirements to the Office of Child Development, U.S. Department of Health, Education, and Welfare. Opinions expressed are those of the authors and do not necessarily represent the views of The Urban Institute or the Office of Child Development.

THE URBAN INSTITUTE
2100 M Street, N.W., Washington, D.C. 20037

Periods in history in which man has advanced most are those in which man has made most progress in the promotion of his health. Progress in health has always been associated with advancement in the various pursuits of learning and with progress in providing for man's material needs. When health has been neglected, civilization has declined and mankind has retrogressed.

-- C.L. Anderson (1956)

There is evidence that the next major advances in the health of our citizens will come through health education and preventive medicine--and not necessarily through more doctors and high cost hospitals. [illegible] is clear that much more can be done by individuals [illegible] prevent sickness and death and to improve and enhance their health. In fact, significant savings and cost reduction in medical and hospital care might come through substantial efforts to reduce the incidence of illness. Major, positive efforts in this direction, therefore, hold promise of not only improving the physical and mental well-being of Americans at all levels, but might also have a long-term beneficial effect in helping to moderate the presently continuous spiral of rising medical and hospital costs.

-- National Health Council (1972)

Acknowledgements

The authors of this report wish to acknowledge the guidance and assistance provided by The Urban Institute's advisory committee for the project. Joseph S. Wholey, Director of Urban Institute Program Evaluation Studies, Garth N. Buchanan, Donald M. Fisk, Stuart O. Schweitzer, Leona M. Vogt, and John D. Waller served on this committee. The study also has benefited considerably from comments and suggestions by Helen V. Howerton, research associate of the Office of Child Development and project officer for this contract.

A special note of thanks is extended to Carol Fontein for assisting with site visits to Head Start centers and the training of Head Start parent interviewers; to Alvaro Gaviria for translating interviews into Spanish; to Terry Doyle and Pat Sullivan for assisting with data tabulations and analyses; to Judith Leader for providing editorial assistance; and to Myriam Gaviria for providing the variety of support services required by the project staff.

Finally, the work described in this report could not have been accomplished without the full cooperation of those Head Start parents and staff interviewed during the study. The list of regional office staff, teacher trainers, teachers and other Head Start staff, and parents who have provided information, completed interviews, and endured the questions asked by the project staff is far too long to detail here. The authors would, however, like to express our appreciation to the many Head Start parents and staff who made this project possible.

TABLE OF CONTENTS

Page

ACKNOWLEDGEMENTS ii

LIST OF CHARTS v

LIST OF TABLES vi

PREFACE x

I. INTRODUCTION AND SUMMARY 1

A. Work Plan for the Evaluation 2
B. Need for Health Education in Head Start 3
C. Major Findings and Recommendations 4

II. BACKGROUND FOR THE EVALUATION 9

III. ATTITUDES TOWARDS HEALTHY, THAT'S ME 23

A. General Comments on Healthy, That's Me 23
B. Suggestions for Revisions of and Priorities for Inclusion in Healthy, That's Me 34

IV. IMPACT OF HEALTHY, THAT'S ME ON HEAD START TEACHERS, PARENTS, AND CHILDREN 45

A. Limitations of the Assessment of Impact 45
B. Impact on Head Start Teachers 48
C. Impact on Head Start Parents 55
D. Impact on Head Start Children 61
E. Summary of Impact Findings 68

Page

V. COSTS AND EFFECTS OF DIFFERENT TYPES OF TEACHER TRAINING 72

A. Head Start Staff Training in the Use of Healthy, That's Me 73
B. Relationship Between Head Start Staff Training in Use of Healthy, That's Me and Parent and Staff Reports of Changes in Health-Related Attitudes and Behaviors 77
C. Head Start Staff Suggestions for Content of Teacher Training in Use of Healthy, That's Me 83
D. Comparison Between Planned and Actual Numbers of Head Start Teachers and Children Introduced to Healthy, That's Me by Lawrence Johnson and Associates and Staff Developed Training Approaches, and Associated Costs 83

VI. RECOMMENDATIONS 88

A. Recommendations Related to Expanding the Use of Healthy, That's Me 89
B. Recommendations Related to Revisions of Healthy, That's Me 91
C. Teacher Training Recommendations 94
D. Operational Recommendations 96

APPENDIX A - Procedures Used in Sampling and Data Collection 98

APPENDIX B - Supplementary Tables 109

APPENDIX C - Head Start Staff and Parent Specific Comments on and Detailed Suggestions for Revisions of Healthy, That's Me 120

APPENDIX D - Alternative Health Education Materials Used in Head Start 138

List of Charts

Chart Page

III-1 Head Start "Experimental" Staff Attitudes Towards Healthy, That's Me 24

III-2 Proportion of Head Start "Experimental" Staff Who Feel Healthy, That's Me Has Been Easy to Incorporate into Head Start Program 25

III-3 Head Start "Experimental" Staff Attitudes on Extent of Preparation for Use of Healthy, That's Me with Parents and Children 27

III-4 Head Start "Experimental" Parent Attitudes Towards Healthy, That's Me Parent Handbooks 35

IV-1 Proportion of Head Start Parents Reporting Children Brush Their Teeth After Breakfast and Before Bed 67

V-1 Head Start "Experimental" Teacher Attitudes on Usefulness of Training in Use of Healthy, That's Me in Helping Them Work with Parents and Children 76

V-2 Proportion of Head Start "Experimental" Staff Who Are Favorable Towards Healthy, That's Me and Who Feel Healthy, That's Me Has Been Easy to Incorporate into Head Start Program, Related to Type of Staff Training 79

V-3 Proportion of Head Start "Experimental" Parents Who Believe Their Child Better Understands How to Care for Health Needs Since Enrolled in Head Start and Who Report Changes in Child's Attitude or Behavior Towards Non-Head Start Health Personnel, Related to Type of Staff Training in Use of Healthy, That's Me 81

List of Tables

Table		Page
III-1	Proportion of Head Start "Experimental" Parents Who Have Seen Any of the *Healthy, That's Me* Parent Handbooks	29
III-2	Ways in Which Head Start "Experimental" Parents Found Out About *Healthy, That's Me* Parent Handbooks	31
III-3	Proportion of Head Start "Experimental" Parents Who Have Received *Healthy, That's Me* Parent Handbooks	33
IV-1	Proportion of Head Start Teachers Who Feel Well Prepared to Discuss Various Health-Related Topics with Children	49
IV-2	Proportion of Head Start Teachers Who Demonstrate Awareness of Specific First Aid Procedures for Various Injuries	50
IV-3	Proportion of Head Start Teachers Who Demonstrate Awareness of Prevention of Various Childhood Illnesses	52
IV-4	Proportion of Head Start Teachers Who Demonstrate Awareness of Symptoms of Various Childhood Illnesses	53
IV-5	Proportion of Head Start Teachers Who Demonstrate Awareness of Length of Communicability of Various Childhood Illnesses	54
IV-6	Head Start Teacher Attitudes on Extent of Parent Preparation to Deal with Health Problems and Needs of Their Children	55
IV-7	Proportion of Head Start Parents Who Feel They Have Learned More About Childhood Illnesses or Health Problems Since Child Enrolled in Head Start	57

List of Tables

Table		Page
IV-8	Proportion of Head Start Parents Who Feel that Health Education in Head Start Helped Them Deal with Child Health Problem They Identified as Most Serious in Neighborhood	58
IV-9	Proportion of Head Start Parents Who Demonstrate Awareness of Specific First Aid Procedures for Various Injuries	59
IV-10	Head Start Parent Reports of Changes in the Way They Care for Their Child's Health Based on Information Received from Head Start	61
IV-11	Proportion of Head Start Teachers Who Believe Most of Their Children Are Adequately Aware of Various Health-Related Subjects	63
IV-12	Head Start Teacher Perceptions of Various Health-Related Behaviors Exhibited by Children in Their Classrooms	65
IV-13	Proportion of Head Start Parents Who Believe Child Better Understands How to Care for Health Needs Since Enrolled in Head Start	66
IV-14	Head Start Parent Reports of Change in Child's Attitude or Behavior Towards Non-Head Start Health Personnel	66
V-1	Proportion of Head Start "Experimental" Teachers Who Received Training in Use of Healthy, That's Me	73
V-2	Type of Training Received by Head Start "Experimental" Teachers in Use of Healthy, That's Me	74

List of Tables

Table | Page

V-3 Comparison Between Planned and Actual Numbers of Head Start "Experimental" Teachers and Children Introduced to Healthy, That's Me by LJA Training Approach, and Associated Costs 86

A-1 Descriptive Information on "Experimental" and "Comparison" Head Start Centers Selected for Evaluation in Second Program Year 104

B-1 Head Start "Experimental" Staff Attitudes Towards Healthy, That's Me 110

B-2 Head Start "Experimental" Staff Attitudes on Their Ability to Incorporate Healthy, That's Me into Head Start Program 111

B-3 Head Start "Experimental" Staff Attitudes on Extent of Preparation for Use of Healthy, That's Me with Parents and Children 112

B-4 Head Start "Experimental" Parent Attitudes Towards Healthy, That's Me Parent Handbooks 113

B-5 Head Start Parent Reports of Toothbrushing Habits of Children 114

B-6 Head Start "Experimental" Teacher Attitudes on Usefulness of Training in Use of Healthy, That's Me in Helping Them Work with Parents and Children 115

B-7 Head Start "Experimental" Staff Attitudes Towards Healthy, That's Me, Related to Type of Staff Training 116

B-8 Head Start "Experimental" Staff Attitudes on Their Ability to Incorporate Healthy, That's Me into Head Start Program, Related to Type of Staff Training 117

List of Tables

Table		Page
B-9	Proportion of Head Start "Experimental" Parents Who Believe Their Child Better Understands How to Care for Health Needs Since Enrolled in Head Start, Related to Type of Staff Training in Use of Healthy, That's Me	118
B-10	Head Start "Experimental" Parent Reports of Changes in Child's Attitude or Behavior Towards Non-Head Start Health Personnel, Related to Type of Staff Training in Use of Healthy, That's Me	119

Preface

This paper provides the second year's evaluation of Head Start experience with the health education curriculum guide Healthy, That's Me. The report is based primarily on interviews administered to Head Start parents and staff at 26 Head Start centers during 1972-73.[1] Slightly less than half the parent and staff respondents are at centers using Healthy, That's Me ("experimental" group) and slightly more than half are at centers using other health education materials or no special materials ("comparison" group).[2] The Head Start centers represented by the respondents are fairly evenly distributed between rural and urban areas and serve children distributed fairly evenly among a variety of racial and ethnic groups.

This is the fourth in a series of reports on Head Start experiences with the health education curriculum guide. Earlier Urban Institute reports summarized Head Start experience with the curriculum guide during the first program year (1971-72) and provided a preliminary analysis of experience during the second program year (1972-73).[3] Keeping in mind the policy questions of interest to the Office of Child Development (see pp. 15-16), and the dates by which information is (was) needed to facilitate these decisions, the material presented in last year's final report (May, 1972), in the supplement to last year's final report (August, 1972), and in this year's interim report (January, 1973) should have permitted action on revisions of the Healthy, That's Me teacher's manual, children's book, and parent handbooks.[4] This report includes a summary of that information, as well as information to facilitate decisions on whether Healthy, That's Me should be offered to all Head Start centers or to other early childhood programs, and information to assist a decision on whether a training component should be a prerequisite for introducing Healthy, That's Me to such programs.

---

[1] In the fall of 1972, interviews were administered to 368 Head Start parents and to 122 Head Start staff at 22 centers. In the spring of 1973, interviews were administered to 401 parents and 110 staff at 26 centers. (In the spring we attempted to interview as many of the parents and staff as had been interviewed in the fall as possible, plus an additional "comparison" group representing four more Head Start centers which had not been visited in the fall.) For a detailed account of the procedures used in sampling and data collection, see Appendix A.

[2] Actually, there are two "comparison" groups. Members of the first group have been interviewed on a "pre-post" basis, identical to the procedure followed with the "experimental" group. Members of the second "comparison" group have been interviewed on a "post only" basis in order to estimate the effects of the initial contact (e.g., memory recall, preparing for the second site visit, familiarity with research instruments, etc.).

The first chapter of this report provides a summary of major findings and recommendations. Chapter II summarizes the current status of Healthy, That's Me and discusses the objectives of the second year's evaluation. Chapter III presents the overall reactions of Head Start staff and parents to the curriculum guide, as well as general suggestions for revisions and priorities for additional material to be included in the guide. Chapter IV assesses the impact of Healthy, That's Me on various health-related attitudes and behaviors of Head Start staff, parents, and children. Chapter V identifies the costs of various types of teacher training in the use of Healthy, That's Me and relates these types of training to teacher, parent, and child outcomes. The final chapter provides recommendations to assist Office of Child Development decisions on future revisions of the curriculum guide, OCD decisions on methods of training Head Start teachers in the use of the curriculum guide, and OCD (and local) decisions on future expansion of the use of the curriculum guide.

---

[3] See Richard B. Zamoff and Katryna J. Regan, Evaluation of Experiences with the Use of Healthy, That's Me, Working Paper 961-2-1, Washington, D.C., The Urban Institute, May 31, 1972; Richard B. Zamoff, Carol Fontein and Francine Tolson, Evaluation of Experiences with the Use of Healthy, That's Me: A Supplemental Analysis of Experiences in the First Year, Working Paper 968-2, Washington, D.C., The Urban Institute, August 31, 1972; and Richard B. Zamoff, Cynthia Lancer, and Francine Tolson, Evaluation of Experiences with the Use of Healthy, That's Me: A Preliminary Analysis of Experiences in the Second Year, Working Paper 968-3, Washington, D.C., The Urban Institute, January 22, 1973.

[4] See Richard B. Zamoff and Katryna J. Regan, op. cit., Chapter II and Chapter IV; Richard B. Zamoff, Carol Fontein, and Francine Tolson op. cit., Chapter II, Chapter IV, and Appendix B; and Richard B. Zamoff, Cynthia Lancer, and Francine Tolson, op. cit., Chapter II. As we indicate in this report, any curriculum guide should be subjected to systematic, ongoing scrutiny as to content, the ease with which materials can be understood and incorporated, and their acceptance by teachers, parents, and children.

The appendices include: procedures used in sampling and data collection; supplementary tables used to construct charts presented in Chapters III, IV, and V; detailed suggestions for revisions of the teacher's manual, children's book, and parent handbooks; and a list of some of the health education materials in use in the Head Start Program. Volume II of this report, which includes the research instruments used in the second year of the evaluation, is available from The Urban Institute upon request. A memorandum which includes a methodological discussion of the use of Head Start parent interviewers, and the names of Head Start staff and other respondents who stood out in terms of depth and evidence of experience related to health education, has been transmitted to the Office of Child Development.

CHAPTER I

INTRODUCTION AND SUMMARY

Healthy, That's Me is a health education curriculum guide specifically designed for use at Head Start centers. It addresses the total well-being of the child--emotional as well as physical--and is intended to improve the child's self image and to enable the child to learn to place a positive value on his/her family and community, as well as to take care of his/her physical health. The materials consist of a teacher's manual (with five study units), a children's book, and seven parent handbooks.

The impact of these health education materials (during the second year of their use) on Head Start teachers, parents, and children has been evaluated for the Office of Child Development by The Urban Institute. The findings of this study, which are presented in this report, lead us to conclude that the potential benefits of using the guide are substantial, while the cost of making the guide available to Head Start staff and children is relatively low, and the risks of such an endeavor relatively inconsequential.

For these reasons, the study recommends expansion of the use of the curriculum guide to all Head Start centers and to selected day care centers. Based on information provided by Head Start staff and parents, the study also recommends many substantive and organizational revisions and additions to the materials prior to future distribution. Finally, the evaluation recommends requiring teacher training as a prerequisite to the use of the Healthy, That's Me materials.

A. WORK PLAN FOR THE EVALUATION

This report is based primarily on interviews conducted by Urban Institute staff during site visits to 26 Head Start centers, and on interviews conducted by trained Head Start parent interviewers. Structured interviews were conducted with Head Start teacher trainers, directors, teachers, and parents.

Eleven Head Start centers constituted an "experimental" group of centers (one in each region and one in the Indian and Migrant Program Division) in which Healthy, That's Me was used. Eleven other Head Start centers (serving similar populations), which used other health education materials or no special health education materials, constituted a "comparison" group. Use of a "pre-post" research design made it possible to estimate any changes in health-related knowledge, behaviors, or attitudes that took place during the 1972-73 program year.

One of the most disappointing findings of the study was that more than 60 percent of the "experimental" parents either had not received or had not used any of the Healthy, That's Me parent handbooks. In order to offer the Office of Child Development guidance on parent suggestions for revisions of the parent handbooks, a substudy was designed by The Urban Institute involving parents (not in the "experimental" group) using the Healthy, That's Me parent handbooks extensively. The methodology used to execute this substudy is described in Appendix A, pp. 102-103.

B. NEED FOR HEALTH EDUCATION IN HEAD START

The reality that educating children about health must begin with parents and teachers is supported by the specific findings of this evaluation. For example, at the end of the study more than 40 percent of each group of Head Start teachers interviewed did not believe they were well prepared to discuss various important health-related topics with their children. More specifically, less than 40 percent of each group of Head Start teacher respondents demonstrated an awareness of specific first aid procedures for treating ingestion of cleaning fluids and puncture wounds from rusty nails. Head Start parents interviewed demonstrated even less awareness of common first aid procedures than did teachers. For example, at the end of the study less than 20 percent of each group of parents demonstrated an awareness of specific first aid procedures for treating ingestion of cleaning fluids, puncture wounds from rusty nails, and animal bites. Both Head Start teachers and parents, recognizing their lack of knowledge in this area, have suggested that the Healthy, That's Me parent handbooks be revised to include more information on first aid procedures and on teaching children about the importance of safety.

In addition, most of the Head Start teachers in the sample believed that their Head Start parents had only average preparation to deal with the health problems and needs of their children. Furthermore, as reported by teachers, Head Start children have a relatively low level of awareness of health-related subjects. According to teachers, most Head Start children in their classrooms were not adequately aware of such important health-related topics as nutrition and healthy foods, washing hands and body cleanliness, and visiting the doctor and the dentist.

C. MAJOR FINDINGS AND RECOMMENDATIONS

The major findings and recommendations of the study concern the future direction of Healthy, That's Me. Recommendations are related to the expansion of the use of Healthy, That's Me to additional Head Start centers and/or day care centers; to the necessity of revisions of Healthy, That's Me; to the adoption of appropriate strategies for future training of Head Start teachers in the use of Healthy, That's Me; and to operational actions in the Office of Child Development to improve the agency's capacity to systematically evaluate the curriculum guide's impact on an ongoing basis.

1. Expand the Use of Healthy, That's Me to All Head Start Centers and Selected Day Care Centers

The study recommends that Healthy, That's Me be made available for use by all Head Start centers and selected day care centers. The following related recommendations also are offered:

- The Office of Child Development should determine the criteria upon which day care centers would receive Healthy, That's Me (e.g., age of children, existence of health education component).
- The Office of Child Development should make a teacher training component a prerequisite for staff at centers planning to use the curriculum guide (see pp. 73-82).
- The Office of Child Development should require centers receiving the curriculum guide to provide basic information on staff and parent utilization of the materials and reactions to them for future evaluation purposes.

a. Teachers and Parents React Favorably to Healthy, That's Me

Many of the study findings justify expansion of the use of the curriculum guide. To begin with, most Head Start staff report a favorable attitude towards the Healthy, That's Me materials and the philosophy behind them. They feel that the materials are comprehensive and compare favorably with other health education materials they are familiar with. Most staff also like the idea of a children's book, feeling that it promotes the child's self-image to have something of his/her own.

Another strength of the Healthy, That's Me curriculum guide mentioned by teachers is that it increases parent awareness of the importance of teaching health education to children, and of providing children with a healthy environment at home. Also, teachers like the curriculum guide for practical reasons. They mentioned that it can be incorporated into daily Head Start activities as needed or desired, and that it contains valuable specific teaching ideas.

Parents who used the Healthy, That's Me parent handbooks generally hold favorable attitudes towards them. Most parents found the material in the parent handbooks well presented and easy to read and understand. Many parents felt that the information in the handbooks has enabled them to take better care of their children. As one respondent put it, "I always thought teaching a child should be left to professional teachers. I know now that a child's best teachers are the parents."

b. Positive Impact of Healthy, That's Me

Although the study findings were mixed, many indicate that the use of the curriculum guide has had a beneficial short-term impact on teachers, parents, and children in specific health-related areas. Examples include:

(1) A significantly[1] higher proportion of "experimental" than "comparison" teachers demonstrated awareness of prevention of four childhood illnesses, of symptoms of one childhood illness, and of length of communicability of

---

[1] For an illustration of the approximate size of differences that are considered statistically significant, see Chapter IV, p. 47.

PS 006945

four childhood illnesses. For no illness did a significantly higher proportion of "comparison" than "experimental" teachers demonstrate awareness of prevention, symptoms, or length of communicability.

(2) At the end of the program year, "experimental" teachers were significantly more aware of specific first aid procedures for treating animal bites and broken bones than "comparison" teachers.

(3) A higher proportion of "experimental" than "comparison" parents feel that they have learned more about ten of eleven health problems or childhood illnesses since their children enrolled in Head Start. The most significant differences are in the areas of dental disease and nutritional deficiency.

(4) A significantly higher proportion of children in the "experimental" than in the "comparison" group brush their teeth after breakfast and before bed, as reported by their parents.

2. Revisions of Healthy, That's Me Prior to Further Distribution

Recommendations for revisions of the health education curriculum guide are based on what Head Start staff and parent respondents feel would facilitate the introduction and use of the Healthy, That's Me materials. Head Start staff and parents suggested many substantive and organizational revisions for improving the teacher's manual, children's book, and parent handbooks.

3. Teacher Training Should be a Prerequisite to Use of Healthy, That's Me

The study recommends that teacher training be required for all Head Start staff who will be involved with the use of the Healthy, That's Me materials.

a. Beneficial Effects of Training

Teachers at most of the Head Start centers in the "experimental" group were trained either by persons who attended the Lawrence Johnson and Associates training sessions, or by persons who were trained by someone who had attended one of the sessions. Other teachers in the "experimental" group received local staff developed training. About one-fourth of the "experimental" teachers received no training in the use of the guide.

Study findings indicate that training has had a beneficial effect on teacher preparedness to use the health education curriculum guide. For instance, only staff who had received some type of training reported that they were well prepared to use Healthy, That's Me with parents and children. These staff members also were more likely to hold favorable attitudes towards the guide. Head Start teachers trained in the use of Healthy, That's Me also were more likely to report finding it easy to incorporate the guide into the Head Start Program than teachers not trained in its use.

b. Low Cost of Training

Teacher training in the use of Healthy, That's Me need not be a costly endeavor. Given the apparent benefits of the training (see Chapter V, pp. 73-82) and its relatively low cost (see Chapter V, pp. 83-87), and taking into account the negative effects of "no training" (see Chapter V, pp. 73-82), it is appropriate for the Office of Child Development to require training in the use of Healthy, That's Me of Head Start staff who will introduce the curriculum guide. The study recommends that OCD should continue a "master trainer" approach of the type offered in 1971-72 (although not necessarily the Lawrence Johnson and Associates program), because it represents a logical, systematic way of reaching a maximum number of Head Start staff through their regional offices.

4. Operational Recommendations

Study findings suggest a need for additional actions on the part of the Office of Child Development:

- The Office of Child Development should clarify Healthy, That's Me objectives.
- The Office of Child Development should develop specific guidelines to determine eligibility and procedures for the receipt of the curriculum guide.
- The Office of Child Development should distribute to grantees a description of the development of the curriculum guide, including information on evaluations and revisions.
- The Office of Child Development should provide Healthy, That's Me materials as needed by grantees, should survey regional offices to anticipate future needs, and should print additional copies to satisfy indicated demand.

CHAPTER II

BACKGROUND FOR THE EVALUATION

> It is harder to change a curriculum than to move a cemetery.
>
> -- Paul DeH. Hurd (1962)

The health education curriculum guide Healthy, That's Me was written in 1970-71 by Biodynamics, Inc. under contract to the Office of Child Development.[1] The curriculum guide is directed toward Head Start children, their parents, and their teachers. It addresses itself to the total physical and emotional well-being of the child. Healthy, That's Me consists of five study units to be taught by a classroom teacher,[2] seven handbooks for parents,[3] and a book for children.

The stated objectives of the health education curriculum guide are:

- To help the child place a positive value on himself.
- To help the child place a positive value on his family and his people.
- To help the child place a positive value on his home and his community.
- To help the child place a positive value on his future and to realize that he has one that he is preparing for.

---

[1] For a detailed statement of the chronology of the development of the health education curriculum guide, see Richard B. Zamoff and Katryna J. Regan, op. cit., pp. 2-4.

[2] The units are: "All About Me!", "Me and My Folks", "Where I Live", "I'm Growing and Changing!", and "Who Helps Me Take Care of My Health?"

[3] The parent handbooks are: "Your Part as a Parent in Healthy, That's Me", "Your Family", "Americans All", "Making it Easier to Keep Healthy at Home", "Your Growing Child", "Dealing with Family Upsets", and "Your Child's Health."

- To help the child begin to develop an understanding of how to care for himself, his present and his future health.

The health education curriculum guide was introduced initially into 19 Health Start projects. The initial reaction to Healthy, That's Me was quite negative. Criticisms were registered at the Office of Child Development headquarters and regional office levels. In response to criticisms, the Office of Child Development solicited outside expert opinion which, in general, tended to support many of the original reactions. As a result, Healthy, That's Me was revised in late 1971 by Biodynamics, Inc. with the assistance of the Office of Child Development's Early Childhood Specialists. Parent handbooks were rewritten by the Office of Child Development's Parent Specialists and reviewed by the Child Psychiatrist. The projected date of October 15, 1971 for camera-ready copy for the printer was not met and it was not until January 1972 that the revised curriculum guide was received in the field.

The Office of Child Development assigned responsibility for organizing sessions for the training of teachers to regional office staff who were asked to submit plans for this purpose in the summer of 1971. Regional offices also were asked to identify the Head Start projects in which Healthy, That's Me would be introduced. The Office of Child Development provided each of the regional offices with a list of possible projects in which the health education curriculum guide could be introduced. The list of projects included the approximate number of Head Start children to be reached in the region. The Office of Child Development stressed that the curriculum guide was to be introduced only to local projects whose staff and policy council wished to use it and indicated a preference for the introduction of Healthy, That's Me into larger Head Start centers (so that management of the program would be easier).

In order to facilitate Head Start implementation of Healthy, That's Me, OCD sponsored training sessions in the use of the curriculum guide from mid-December 1971 until March 1972. During this time, Head Start "master trainers" in the ten Office of Child Development regions and the Indian and Migrant Program Division were trained in the use of the curriculum guide by Lawrence Johnson and Associates. It was expected that the "master trainers" would return to their communities and train Head Start staff in the use of Healthy, That's Me, or would train others to train the appropriate Head Start staffs. In looking at the Lawrence Johnson and Associates training approach as it happened, we have found a considerable variation between what OCD planned and what actually took place. Only approximately 40 percent of the attendees at the Lawrence Johnson and Associates training sessions have trained either Head Start teachers or other Head Start staff (who then trained teachers) in the use of Healthy, That's Me. Available data on the number of Head Start staff trained by the attendees at the OCD sponsored training sessions also indicate a sizeable difference between what OCD intended and what actually occurred (see Chapter V, pp. 84-86).

The first year's Urban Institute evaluation of Head Start experience with the health education curriculum guide revealed delays in the availability of the Healthy, That's Me materials and related delays in introducing the curriculum guide to Head Start staffs by means of systematic, evaluable training procedures. In addition, the curriculum guide was not in use to the extent expected. It was not utilized in some Community Action Agencies identified by regional offices as users of Healthy, That's Me, and was not in use in some Head Start centers similarly identified by Community Action Agencies. Some Head Start center staff identified as users had not heard of Healthy, That's Me, and one-third of the Head Start teachers in these centers had not received the curriculum guide. Some Head Start centers had received insufficient copies or incomplete sets of the parent handbooks, teacher's manual, and/or children's book.

As indicated above, problems also were encountered because the "master trainer" approach for training Head Start staff in the use of the curriculum guide was not always followed. In some cases, no materials were provided prior to the training, and insufficient information on the goals, substance and intended recipients of the training resulted in the "wrong" persons being sent to the training sessions. Furthermore, in the ten OCD regions and the Indian and Migrant Program Division, the Healthy, That's Me materials often were introduced to Head Start staffs late in the program year. A median time of 9.5 weeks elapsed between the Lawrence Johnson and Associates training and the introduction of Healthy, That's Me to Head Start teachers. Finally, problems were encountered because contradictory information was provided at national and regional levels on requirements for usage of the curriculum guide, criticisms and revisions, and the chronology of the development of the curriculum guide.

As a result, at the end of the first year of The Urban Institute's evaluation, information was incomplete on the ease with which Healthy, That's Me had been introduced into the Head Start Program; on Head Start staff reactions to specific parts of Healthy, That's Me; on the acceptability of the Healthy, That's Me materials to parents; and on teacher trainer success with different types of training approaches. In view of the relatively short amount of time that most Head Start centers had been using the curriculum guide, it also was impossible to test the relationship between reported changes in child or parent health-related attitudes and behaviors and exposure to Healthy, That's Me.

In the summer of 1972, a supplemental evaluation was undertaken to fill in some of the information gaps identified above.[4] The evaluation focused on those Head Start staff interviewed in the first year's evaluation who had had the most extensive experience with Healthy, That's Me. The following questions were considered: What are Head Start staff suggestions for revisions of Healthy, That's Me? How do Head Start staff react to specific suggestions for revisions offered by respondents in the first year of the study? What are the highest priority items for revisions? What health or health-related problems do Head Start staff believe need inclusion (or more emphasis) in the curriculum guide? What are the highest priority items for inclusion? How many Head Start teachers have been trained in the use of Healthy, That's Me by attendees at the Lawrence Johnson and Associates training sessions? What type of training, if any, has been provided to Head Start staff in the use of the curriculum guide? Do various types of teacher training seem to be associated with attitudes towards the Healthy, That's Me materials, with ease of incorporation into the Head Start Program, or with adequacy of preparation to use Healthy, That's Me?

This evaluation is intended to update the findings presented in earlier reports and to assess the curriculum guide's impact on various target groups in order to assist OCD decisions on future revisions of the curriculum guide, OCD decisions on methods of training Head Start teachers in the use of the curriculum guide, and OCD (and local) decisions on future expansion of the use of the curriculum guide.[5] The evaluation provides OCD policy makers, local communities, and providers of health care with more information on the adequacy of Healthy, That's Me and on how satisfactorily it meets the needs of parents, teachers, and children. Beyond this, it provides more specific information on why some Head Start staffs are enthusiastic (not enthusiastic) about particular parts of the curriculum guide. Finally, the evaluation provides the Office of Child Development with an assessment of the short-term impact of the Healthy, That's Me curriculum guide on Head Start parents and their children.

---

[4] Richard B. Zamoff, Carol Fontein, and Francine Tolson, op. cit.

We believe it is important to note that the evaluation of the impact of Healthy, That's Me on children and parents has been constrained again this year by the fact that some Head Start centers designated to receive Healthy, That's Me have been unable to obtain a sufficient number of copies of the curriculum guide or complete sets of the materials. For example, as of the writing of this report, one of the eleven "experimental" centers has yet to receive a single copy of the teacher's manual, children's book or parent handbooks.[6] The center staff has only one copy of the teacher's manual, which was received in FY 1972.

---

[5] For a detailed description of the objectives of the second year's evaluation, see Joseph S. Wholey and Richard B. Zamoff, "Evaluation of Experience with the Head Start Health Education Curriculum Guide, Healthy, That's Me (Part II)," proposal for research project submitted to the Office of Child Development, May 1972.

[6] In an earlier report we stated that all of the "experimental" centers would introduce the parent handbooks by January 1973 (based on telephone conversations with Head Start directors). Obviously, this expectation was not realized at all centers. See Richard B. Zamoff, Cynthia Lancer, and Francine Tolson, op. cit., p. 13.

A related example is provided by another Head Start center in the "experimental" group. In December 1972, a staff member at this center phoned Head Start headquarters to request copies of the parent handbooks. The center representative was told that the curriculum guide was out of print and would not be available until money was provided for a second printing. Since the staff at this center believed it essential that parents receive the handbooks if the curriculum guide were to accomplish its intended objectives, the center had parent handbooks 5, 6, and 7 printed at its own expense at a local trade school. Four months later, however, the Healthy, That's Me materials were sent upon request to a volunteer at one of the "comparison" centers.[7] This volunteer had seen the curriculum guide at the county's public library and wrote to the Head Start national office to request a copy. In less than three weeks five copies of the teacher's manual, five copies of the children's book, five copies of parent handbook 1, two copies of parent handbook 3, five copies of parent handbook 4, and ten copies of parent handbook 6 were received. A letter which accompanied the Healthy, That's Me package informed the recipient that five copies of parent handbooks 2, 3, and 7 would be arriving in 60 to 90 days.

The rest of this chapter describes the plan for collecting and analyzing information in this year's evaluation.[8]

1. Office of Child Development Policy Questions

Based upon Urban Institute meetings with Office of Child Development headquarters staff, a number of objectives related to other target groups have been identified which, when considered alongside the above objectives, can be related to a set of policy questions of interest to OCD:

---

[7] From an evaluation design point of view, we were fortunate that these Healthy, That's Me materials arrived after the administration of our "post" interviews.

[8] Most of this discussion is taken from Richard B. Zamoff, "Analysis Plan for Evaluating Head Start Experience with the Health Education Curriculum Guide, Healthy, That's Me," Washington, D.C., The Urban Institute, December 1972.

a. Should the Healthy, That's Me teacher's manual, children's book, and parent handbooks be revised prior to further distribution?

b. Should Healthy, That's Me be offered to all Head Start centers?

c. Should Healthy, That's Me be offered to other early childhood programs, such as day care programs?

d. Should a training component be a prerequisite for introducing Healthy, That's Me to Head Start centers and/or day care programs?

2. Research Questions

a. What are Head Start staff suggestions for revisions of Healthy, That's Me? What are the highest priority items for revision?

b. What health or health-related problems do Head Start staff believe need inclusion or more emphasis in the curriculum guide? What are the highest priority items for inclusion?

c. What reported behavioral, attitudinal, and informational changes have occurred among Head Start parents, children, and staff that plausibly can be attributed to the curriculum guide?

d. Are various types of teacher training associated with teachers' attitudes towards the Healthy, That's Me materials, with ease of incorporation into the Head Start Program, or with adequacy of preparation to use Healthy, That's Me?

The following matrix allows us to relate each of the research questions to the policy questions likely to be of interest to the Office of Child Development:

		Policy Question		
Research Question	a	b	c	d
a	X	X	X	
b	X	X	X	
c		X	X	
d		X	X	X

3. **Research Design**

Site visits to Head Start centers and the use of structured interviews with Head Start staff and parents provided data to address the research questions identified above. During the study, Head Start parents at the "experimental" and "comparison" centers were trained by The Urban Institute project staff to interview other parents to obtain some of the data.

The Urban Institute project staff identified eleven Head Start centers (one in each region and one in the Indian and Migrant Program Division) in which Healthy, That's Me was to be used extensively and a comparison group of eleven centers where other health education materials or no special health education materials were to be used:[9]

---

[9] See Appendix A for an outline of the steps taken to select these Head Start centers. The evaluation also included an additional group of four "comparison" centers subjected to "post" measurement only (Montpelier, Vermont Child Care Center; Melton Head Start Center, Gary, Indiana; Pajaro Head Start Center, Watsonville, California; and Mescalero, New Mexico Head Start Center). The inclusion of this group--matched with the other group of "comparison" centers as closely as possible--enables us to obtain some estimates of the influence of memory recall, "studying the answers," etc. with respect to important interview items.

Region I:	Brockton, Massachusetts Head Start Center (E) Lebanon, New Hampshire Head Start Center (C)
Region II:	Trinity Head Start Center; Newark, New Jersey (E) South Jamaica Head Start Center for Parents and Children; Jamaica, New York (C)
Region III:	Rolfe Head Start Center; Worth, West Virginia (E) De La Warr Head Start Center; New Castle, Delaware (C)
Region IV:	American Legion Head Start Center; Williamston, North Carolina (E) Liberty City Head Start Center; Miami, Florida (C)
Region V:	Broadway Head Start Center; South Bend, Indiana (E) Broad Street Day Care Center; Columbus, Ohio (C)
Region VI:	Batesville, Arkansas Head Start Center (E) San Jose Child Development Center; Austin, Texas (C)
Region VII:	Banneker Head Start Center; Kansas City, Missouri (E) Kechi, Kansas Head Start Center (C)
Region VIII:	R2-J Head Start Center; Loveland, Colorado (E) Central City Head Start Center; Salt Lake City, Utah (C)
Region IX:	Alum Rock Head Start Center; San Jose, California (E) La Colonia Head Start Center; Parlier, California (C)
Region X:	Columbia Annex Head Start Center; Seattle, Washington (E) Central Day Care Center; Spokane, Washington (C)
IMPD:	Towaoc, Colorado Head Start Center (E) Rosebud, South Dakota Head Start Center (C)

Research interviews were designed for use with 220 Head Start parents at the "experimental" centers (twenty at each), and with 220 parents at the "comparison centers.[10] Parent interviews were translated into Spanish for use with Spanish-speaking respondents at five Head Start centers.

---

[10] The "post" interviews at the "comparison" centers involved the attempt to interview as many of the 368 Head Start parents as had been interviewed in the fall as possible, as well as 125 parents on a "post only" basis.

Interviews also were developed for administration to Head Start staff in the sample of "experimental" and "comparison" centers. Interviewing took place in September-November, 1972 and in March-May, 1973. Assessment of the impact of the curriculum guide rests on the use of a "pre-post" research design, which permits us to estimate the extent to which the "experimental" and "comparison" groups were equivalent at the start of the study, and to estimate the changes in health-related knowledge, attitudes, and behaviors that have occurred between the "pre" and "post" measurements.[11]

Therefore, as indicated above, this study includes data on a number of topics of interest to the Office of Child Development: Head Start staff attitudes towards the curriculum guide and suggestions for revisions; Head Start staff perceptions of the adequacy of various teacher training approaches with respect to the curriculum guide; problems involved in introducing the curriculum guide to Head Start staff and in training teachers to use it with parents and children; Office of Child Development costs associated with the introduction of the curriculum guide; and information on Head Start parent, child, and staff behaviors and attitudes that have changed since the guide's introduction.

---

11. Analysis of data collected in the fall has shown the essential equivalence of our "experimental" and "comparison" samples at the start of the study. For example, statistically significant differences (at the .10 level) were not found on any of the following variables: length of residence in neighborhood and failure to attend to an important health problem in the past year, as reported by parents; perception of parent preparation to deal with health problems and needs of their children, as reported by Head Start teachers; and toothbrushing and sleeping habits of children, as reported by parents.

4. Data Collection

- Research Question a. Head Start staff have been asked to specify their priorities for revising Healthy, That's Me. What parts of the health education curriculum guide have been most difficult to incorporate into the existing Head Start Program?

- Research Question b. Head Start staff and parents have been asked to specify health or health-related problems they would like to see included or receive more emphasis in the curriculum guide.

- Research Question c. Head Start parents and/or teachers have been asked questions on environmental safety, sanitation practices, attitudes toward health professionals, nutrition, dental hygiene, usefulness of the health education curriculum guide, and common childhood illnesses (prevention, symptoms, and length of communicability). Illustrations of specific questions that have been addressed in the research interviews are:[12]

  (a) How well prepared do teachers feel to discuss various health-related topics with their Head Start children?

  (b) Are teachers able to identify ways to prevent common childhood diseases? Can they identify their symptoms? Can they identify how long they are communicable?

  (c) Do parents show an awareness of the existence and/or substance of the health education component at their children's Head Start centers?

  (d) Have parents become more aware of the importance of identifying and caring for their children's health needs?

  (e) Have parents and teachers become more aware of ways to treat various types of injuries? Have parents changed any health practices within the home as a result of information received from Head Start?

---

[12] Questions included in the research interviews are based on the content of the Healthy, That's Me materials.

(f) How effective was the health education curriculum guide in helping teachers understand and convey information on specific health topics?

(g) Have children changed their attitudes towards health professionals (other than those encountered in Head Start)?

(h) Do children practice healthy habits of nutrition, recreation, washing, sleeping, and dental hygiene?

- Research Question d. The impact of the Lawrence Johnson and Associates training program on Head Start staff, children, and parents has been traced. This has involved the collection of data on how many children and teachers were (could have been) reached by the training program and the associated costs. It also has involved identifying other training approaches that have been used by Head Start staff to introduce Healthy, That's Me to teachers, children, and parents and attempting to relate the various types of teacher training (including no training) in the use of Healthy, That's Me to ease of incorporation into the Head Start Program, to adequacy of preparation to use Healthy, That's Me, to attitudes toward the curriculum guide, and to parent and child health-related attitudes and behaviors.

5. Analysis

The data collected as a result of Head Start staff and parent interviews have been subjected to statistical analysis, using descriptive and inferential techniques. Tests have been made to determine whether statistically significant differences exist between teachers and parents in Head Start centers using the health education curriculum guide ("experimental" group) and teachers and parents in centers not using the guide ("comparison" group). Since this study does not represent a controlled experiment, and there was no random assignment of Head Start centers to experimental and control groups (see Appendix A, pp. 99-100), there may have been undetected differences in the "experimental" and "comparison" groups.

Examples of measures used to compare "experimental" and "comparison" centers are:

- Proportion of teachers who feel well prepared to discuss a variety of health-related topics with their Head Start children (e.g., body parts and functions; accident prevention; food and nutrition; visiting doctors, dentists, and nurses).
- Proportion of teachers who feel their Head Start children have an adequate awareness of a variety of health-related topics (e.g., home safety; brushing teeth; good grooming; washing hands and body cleanliness).
- Proportion of Head Start teachers who are able to identify how various common childhood diseases can be prevented, what their symptoms are, and for how long they are communicable (e.g., chicken pox, German measles, mumps, whooping cough).
- Proportion of Head Start parents and teachers who are able to describe the specific first aid treatment for various kinds of injuries (e.g., puncture wound caused by a rusty nail, animal bite, burn).
- Proportion of Head Start children who brush their teeth after breakfast and/or before going to bed.

CHAPTER III

ATTITUDES TOWARDS HEALTHY, THAT'S ME

> If we want to know how people feel: what they experience, what their emotions and motives are like, and the reasons for acting as they do--why not ask them?
>
> -- Gordon Allport (1950)

In this chapter we present interview data on the overall reactions of Head Start staff (teachers, aides, nurses, and others with health education responsibilities) and parents to the Healthy, That's Me teacher's manual, children's book, and parent handbooks (Section A), as well as general suggestions for revisions and priorities for additional material to be included in the curriculum guide (Section B).

A. GENERAL COMMENTS ON HEALTHY, THAT'S ME

Charts III-1, III-2, and III-3 present responses of "experimental" Head Start staff on their attitudes towards Healthy, That's Me, on their ability to incorporate the Healthy, That's Me materials into the Head Start Program, and on the extent of their preparation to use the materials with Head Start parents and children.

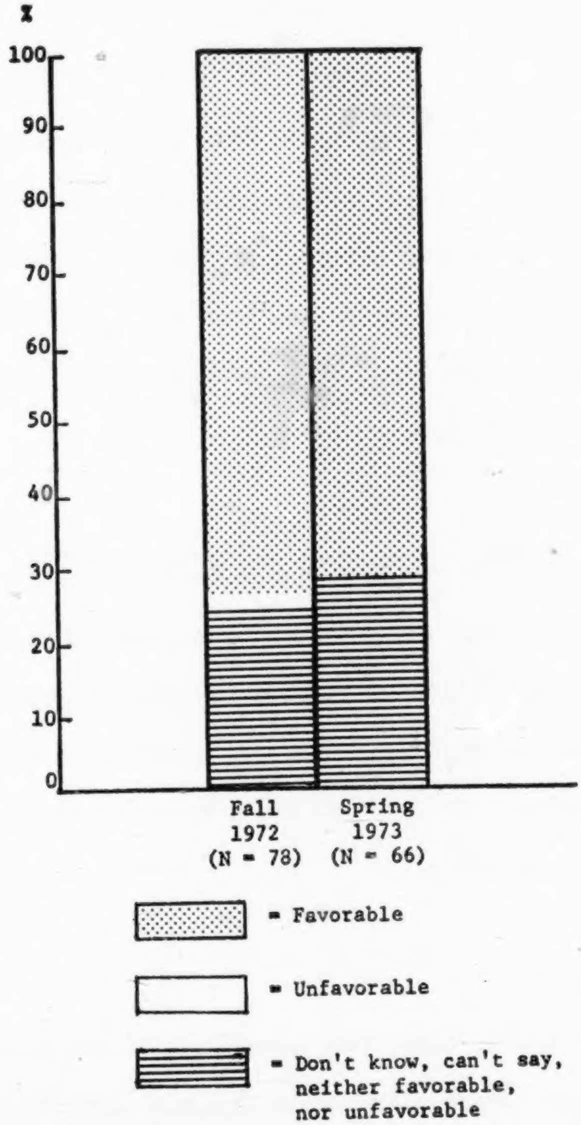
1. Teacher's Manual

As seen in Chart III-1, more than two-thirds of the Head Start staff interviewed continue to report a favorable attitude towards Healthy, That's Me at the end of the program year. As one public health nurse said:

"Healthy, That's Me is the best thing I've seen in 23 years of employment. I came from the public schools and there is nothing as good there. Healthy, That's Me has more of a total message, more preventive health care, and a broader scope than other curricula."

Chart III-1

Head Start "Experimental" Staff Attitudes Towards Healthy, That's Me



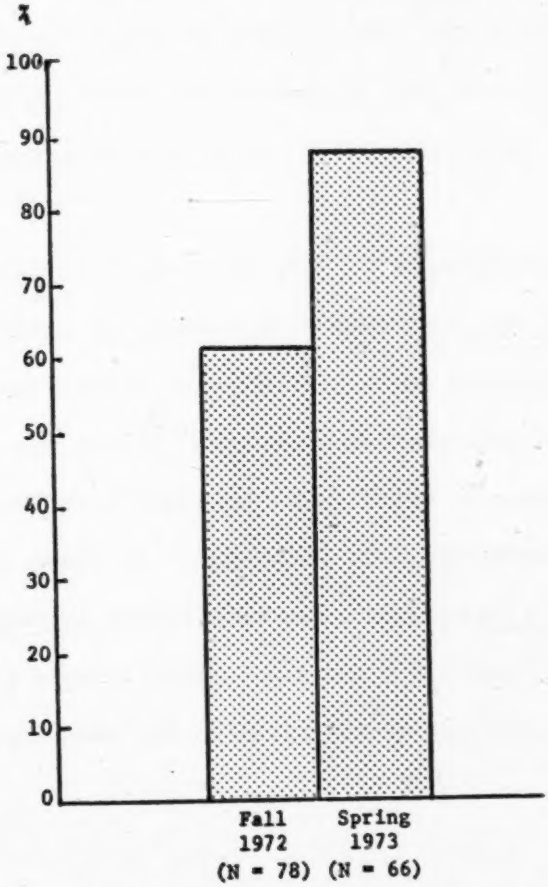
Note: This chart is based on data presented in Table B-1, p. 110.

While there was a slight (statistically non-significant) decline between the fall and spring in the proportion of staff who were favorable towards the guide, it is interesting that in the spring none of the respondents reported an unfavorable attitude towards the Healthy, That's Me materials.

Chart III-2 also is indicative of a positive Head Start staff attitude towards the curriculum guide. It shows that over 85 percent of the Head Start staff interviewed in the spring reported that the guide can be easily incorporated into the Head Start Program.

Chart III-2

Proportion of Head Start "Experimental" Staff Who Feel Healthy, That's Me Has Been Easy to Incorporate into Head Start Program



Note: This chart is based on data presented in Table B-2, p. 111.

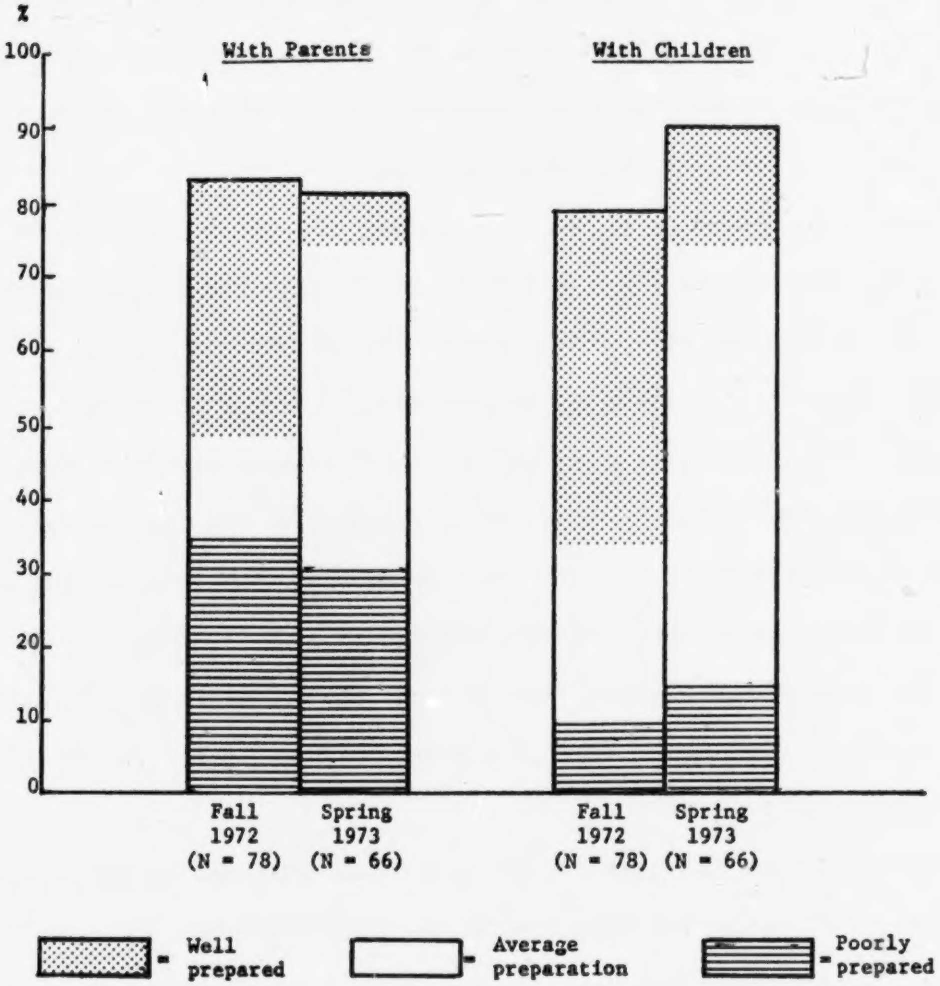
The staff at one Head Start center reported that Healthy, That's Me was easier to implement with the children than they had anticipated. In last year's Urban Institute evaluation, the same change in attitude was reported by teacher trainers, who mentioned that expected problems with the use of the curriculum guide often did not materialize and that teachers' initial negative attitudes towards the guide often changed once it had been implemented.

In Chart III-3 we see the attitudes of Head Start staff on the extent of their preparation to use the curriculum guide with parents and children in the fall and in the spring. The chart indicates a substantial decrease in the proportion of Head Start staff who consider themselves "well prepared" to use Healthy, That's Me with parents or children. While the proportion of staff who indicate that they feel "poorly prepared" to use the Healthy, That's Me materials with children has increased, staff are twice as likely to consider themselves "poorly prepared" to work with parents as with children.

To some extent, the decrease in Head Start staff satisfaction with their preparation to use Healthy, That's Me with parents and children may be attributed to a more accurate staff perception of their preparedness to use the materials--i.e., as they work with the curriculum guide, they are better able to identify the areas in which they feel their background, ability, experience, and/or training has been inadequate. In short, teachers who have used the Healthy, That's Me materials may have become increasingly aware of the area of child health and their own limitations in this area. Chapter V reviews staff training (or lack of training) in the use of Healthy, That's Me.

Chart III-3

Head Start "Experimental" Staff Attitudes on Extent of Preparation for Use of Healthy, That's Me with Parents and Children



Note: Percentages do not equal 100 because some Head Start staff do not work with parents and/or children. This chart is based on data presented in Table B-3, p. 112.

2. Children's Book

Head Start staff attitudes towards the Healthy, That's Me children's book are mixed. We have found that while some Head Start staff feel that the children's book should be eliminated, others regard it as the strongest part of Healthy, That's Me.[1] Two centers did not receive copies of the children's book for use this year, and the staff at one center distributed the books to older siblings of the Head Start children because they felt it was inappropriate for use with pre-school children.

The children's book is in use in a variety of ways at eight of the eleven "experimental" centers. Head Start staff interviewed reported that the children's book has been used both individually and in small groups. Some staff commented that in order to successfully use the children's book as an educational tool it is necessary to have sufficient staff to work with small groups of children, as well as to supervise the rest of the children in the classroom. Cut and paste activities seem to be a regular supplement to the traditional coloring activities associated with such a book. Some respondents reported that the children's book is particularly useful as a basis for class discussions about health, safety, and other health-related topics.

A number of Head Start staff respondents felt that the children's book is too structured and/or too advanced for use with pre-school children. Some expressed disappointment that early in the development of the curriculum guide they did not have the chance to suggest to the Office of Child Development other activities for inclusion which have proven successful when used with Head Start children.

---

[1] Head Start staff comments and suggestions for revising the children's book can be found on pp. 37-39 and in Appendix C, pp. 129-132.

For the most part, Head Start staff appear to favor the use of a children's book, but want the topics and drawing activities to be relevant for use with the pre-school child. A frequent comment was that it is a good idea for the children to have something they can call their own--something to work in, something to take care of and be responsible for. Suggestions for revisions of the children's book should be interpreted with this general attitude in mind.

3. Parent Handbooks

Tables III-1, III-2, and III-3 present information on parent receipt of the Healthy, That's Me parent handbooks and their attitudes towards them. In Table III-1 we see that only slightly over half the parents interviewed had seen any of the Healthy, That's Me parent handbooks. Also, over 40 percent of the parents had not seen any of the parent handbooks as of the date of Urban Institute interviews in the "post" phase of the evaluation. In a few cases, parents had not seen the handbooks because the centers had received an insufficient number of copies for distribution.

Table III-1

Proportion of Head Start "Experimental" Parents Who Have Seen Any of the Healthy, That's Me Parent Handbooks

Seen Handbooks	%
Yes	56.5
No	43.5
N	147

At one Head Start center, no parent handbooks had been received for distribution.[2] Additional reasons parents have not seen the handbooks are discussed in connection with Table III-2.

A variety of approaches were used by Head Start staff and others to introduce the Healthy, That's Me parent handbooks. It is interesting to note that over half the parents who had seen the parent handbooks found out about the handbooks when their children brought them home from Head Start (see Table III-2). This method of distribution probably is least likely to have a lasting, positive impact on the parents because, while an accompanying note may have explained what the parent handbooks were about, there was obviously no opportunity for discussion of the materials and/or for answering parents' questions at the time they received the handbooks. An example of what can happen if the handbooks are delivered to parents without explanation is found in the following comment by one Head Start parent: "I learned from reading 'Americans All' that Head Start projects are operating all over the world, not just in America."

The opportunity for discussion and question and answer sessions with Head Start staff has been specifically mentioned by parent respondents as an especially beneficial aspect of the use of Healthy, That's Me. However, we see in Table III-2 that only about 30 percent of the parents found out about the handbooks at Head Start meetings. While these meetings usually were conducted by Head Start staff (e.g., nurses, teachers, health coordinators, social service workers, parent involvement specialists, etc.), occasionally outside resource persons (e.g., dentists, physicians, nurses, local mental health clinic personnel, private psychiatrists, nutritionists, etc.) were invited to present information on specific health and health-related topics. Parent comments indicate they have found such meetings helpful--as one Head Start parent put it, "I basically learned how to give my kids a better chance at a good healthy life."

---

[2] See pp. 14-15 for a discussion of the availability and distribution of the Healthy, That's Me materials.

Table III-2

Ways in Which Head Start "Experimental" Parents Found Out About *Healthy, That's Me* Parent Handbooks

Method	%
Child brought home	54.2
Head Start meetings	21.7
Home visit(s) from Head Start staff	7.2
Child brought home and Head Start meetings	7.2
Head Start meetings and home visits from Head Start staff	2.4
Child brought home and home visits from Head Start staff	1.2
Other	6.0
N	83

Note: These responses refer only to those "experimental" parents who had seen the parent handbooks at the time of the "post" interviews.

Approximately ten percent of the parent respondents found out about the parent handbooks through home visits from Head Start staff. Where this procedure was used, parents were enthusiastic about the opportunity to ask health-related questions about their own family's health needs and about various parts of the Healthy, That's Me parent handbooks. However, in cases where home visits consisted only of a Head Start staff member delivering the parent handbooks, parents indicated they would have preferred a meeting specifically devoted to the handbooks or at least some opportunity during the home visit to ask questions about them.

Table III-2 also shows that some parents found out about the handbooks in more than one way (e.g., meetings and home visits or meetings and child bringing the handbooks home). In some Head Start centers, parents who did not attend a meeting at which handbooks were distributed later received the handbooks in the mail or from their Head Start child who brought them home. Since all Head Start centers did not distribute handbooks to those parents not receiving them at meetings, almost half the Head Start parents interviewed were unaware of the existence of the Healthy, That's Me parent handbooks.

In Table III-3 we present data on the proportion of parents who have actually received the individual parent handbooks.[3] Table III-3 shows that only around one-third of the parent respondents have received the Healthy,

---

[3] It should be noted that receipt of parent handbooks does not always mean parents have actually examined them. While 85 percent of the parents who received any of the handbooks report that they have looked at them, 15 percent of those parents receiving the handbooks have not.

That's Me parent handbooks.[4] Some parents saw the handbooks at a parent meeting or at the Head Start center, but never received copies for their own use. Also, the proportion of parents receiving handbooks 5, 6 and 7 is probably lower than for the other handbooks because some Head Start centers have introduced the handbooks in sequence and had not had time to introduce the last ones prior to "post" interviews.[5]

Table III-3

Proportion of Head Start "Experimental" Parents Who Have Received Healthy, That's Me Parent Handbooks

Handbooks	%
"Your Part as a Parent in Healthy, That's Me"	39.5
"Your Family"	34.7
"Americans All"	31.3
"Making it Easier to Keep Healthy at Home"	36.1
"Your Growing Child"	24.5
"Dealing with Family Upsets"	25.9
"Your Child's Health"	21.8
N	147

---

[4] Data on the receipt of the parent handbooks were examined in relation to the type of training the Head Start staff received in the use of Healthy, That's Me. The type of training had little to do with whether or not the parent handbooks were distributed; in particular, the only Head Start center where all parent handbooks were received by at least half of the parents is the one center at which the staff received no training in the use of Healthy, That's Me.

[5] Again, in some Head Start centers receipt of the parent handbooks was constrained by the fact that the center had an insufficient number of copies of the handbooks to distribute to parents.

In Chart III-4 we see that parents who used the Healthy, That's Me parent handbooks generally hold favorable attitudes towards them. Unfortunately, while the majority of the parents who used the individual parent handbooks stated that they found them useful, over 60 percent of the parents either had not received or had not used any of the seven handbooks. This was the principal reason we undertook a substudy of parents who were extensively involved with the parent handbooks at other Head Start centers (see Appendix A, pp. 102-103).

B. SUGGESTIONS FOR REVISIONS OF AND PRIORITIES FOR INCLUSION IN HEALTHY, THAT'S ME

This section summarizes Head Start staff and parent general comments and suggestions for revisions of Healthy, That's Me.[6] Since these respondents have been involved with the Healthy, That's Me materials throughout the past year, their responses are based on first hand experiences with the health education curriculum guide.

1. Teacher's Manual

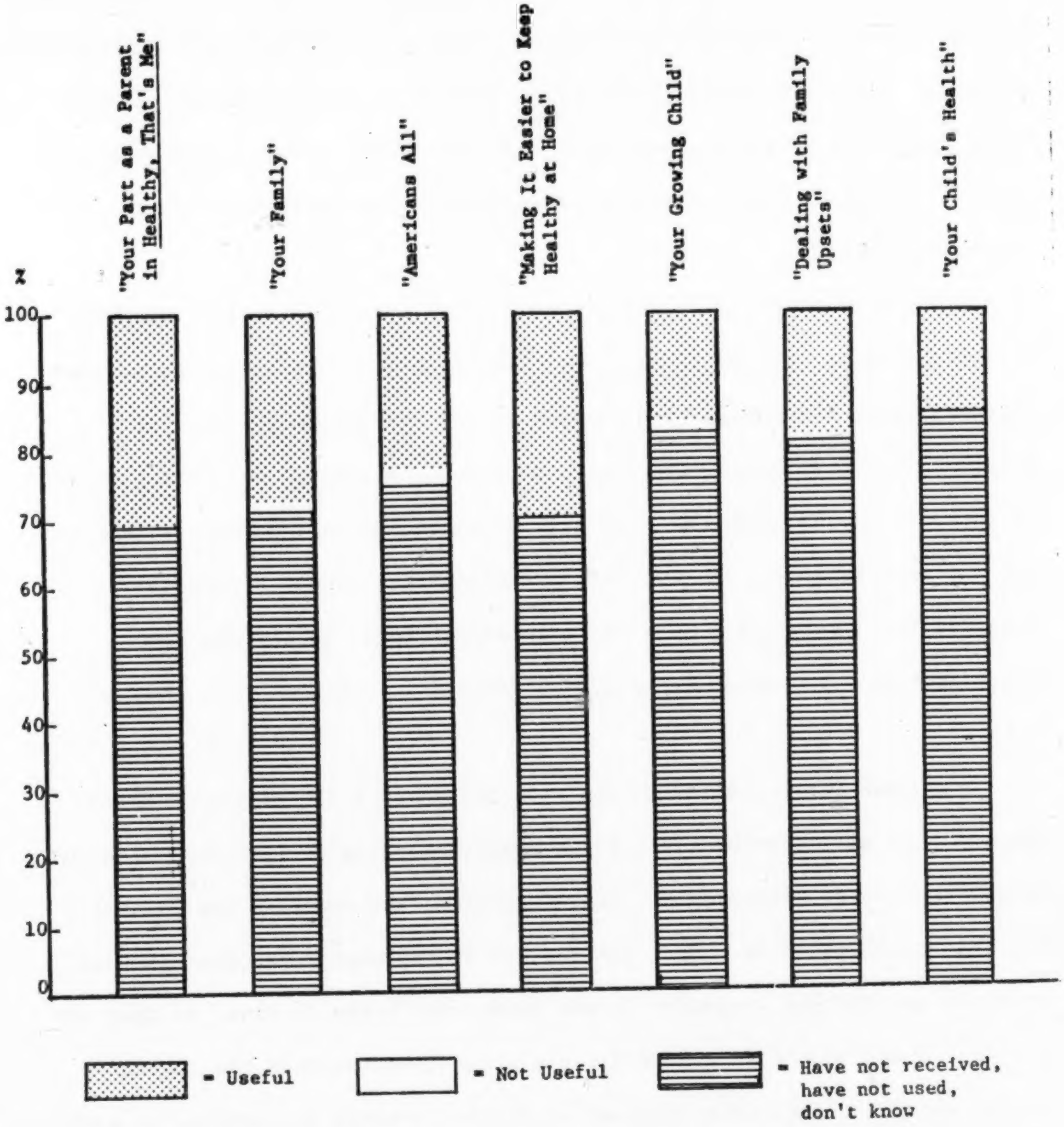
As discussed in the previous section, Head Start staff continue to react favorably to the Healthy, That's Me materials, citing the convenience and advantages of having such a broad definition of what constitutes health education addressed in one guide. Some teachers commented that the guide is helpful to them in improving their present health education program.

---

[6] Detailed comments and suggested changes for the teacher's manual, children's book, and parent handbooks can be found in Appendix C, pp. 120-137. It is expected that these detailed comments, many of which have been presented in earlier Urban Institute reports to the Office of Child Development, will assist OCD decisions on revisions of the curriculum guide.

Chart III-4

Head Start "Experimental" Parent Attitudes Towards
Healthy, That's Me Parent Handbooks (N=147)



Note: This chart is based on data presented in Table B-4, p. 113.

Other teachers observed that they "have been doing most of Healthy, That's Me all along" and that very little of it is new. Some staff at rural Head Start centers liked the guide for its comprehensiveness and because of the scarcity of health education resources available to them in their communities. Thus, it appears plausible that Head Start centers with greater access to health education resources were less likely to be as receptive to the availability of the curriculum guide than Head Start centers with more limited access to health education materials. This certainly is not a surprising finding.

While a majority of Head Start staff have continued to be favorably disposed towards Healthy, That's Me, their experiences support and suggest organizational and substantive changes in the curriculum guide. For example, it was suggested that while more information and activities should be included in the guide, it also should be concise and in outline form to require less reading. In addition, a substantial number of respondents remarked that the guide should be in looseleaf form, should use short paragraphs with pictures, and should utilize illustrations to a greater extent.

Many Head Start staff felt that the material in the teacher's manual generally is too advanced for a large number of three to five year olds and should be revised accordingly. This suggestion was repeated for each of the five teaching units. Head Start staff at one center reported that they took the information presented in the guide and "broke it down" to what the children could understand. Respondents also commented that the teacher's manual should include more information on how to adapt the curriculum guide to local needs and situations, and should provide more suggestions for activities and for low cost materials available for use with Head Start children and parents. A number of staff commented that resource materials listed in the teacher's manual are unavailable to them. Reasons include lack of access to a library in the area, absence of suggested materials in area libraries, and lack of project funds to purchase suggested materials. Also, some staff criticized the inclusion of outdated primary and general references and suggested the inclusion of more up-to-date materials.

One of the comments repeated most often was the need for more specific information on how to encourage parents to participate and display interest in the Head Start Program. Head Start staff respondents also felt that more detailed information is needed on how to deal with the emotional development and growth of pre-school children.

Additional specific suggestions were to include visual aids and sensory devices, more materials for the preservation of ethnic heritage, and more activities and exercises for the development of motor skills. Finally, requests were made that the curriculum guide should be made applicable to children who do not have fathers, who are raised by their grandparents or other relatives, who grow more slowly than their classmates, or who live in housing developments.

2. Children's Book

As mentioned earlier in this chapter, eight of the eleven "experimental" Head Start centers have used the Healthy, That's Me children's book in the classroom.[7] Frequency of use of the children's book varied in and among these eight centers according to the individual teacher's preference for incorporation, and ranged from daily to once or twice a month. Some Head Start staff said that the children's book was used more as a source of ideas, rather than as a teaching tool with the children.

---

[7] At one of the Head Start centers previously mentioned as not using the children's book, the nurse (who has responsibility for health education activities) stated that her negative reaction to the book was a result of the way in which it was introduced at the Lawrence Johnson and Associates training session she attended. Based on a consensus of the staff at the center, it was decided not to use the book in the classroom but to give it to older siblings of the Head Start children instead.

Head Start staff reactions to the idea of having a children's book was very favorable. Teachers felt that it promotes the child's self-image to have something of his own, about himself, that he can keep at the end of the year. Recognizing this need, many Head Start centers had been keeping folders with the child's art activities for the child to take home at the end of the program year. At least one center had a project of making a scrapbook of the child's year in Head Start, complete with photographs, drawings and other art activities.

In view of the above, Head Start staff suggestions for revisions of the Healthy, That's Me children's book are based on what has been found workable and useful in the classroom situation. As noted above, some respondents felt that the children's book is not appropriate to the age level of many Head Start children. Other respondents commented that it is "too structured," that it "stunts creativity" and that it is "too advanced" and, as a result, is frustrating to the child who has difficulty with or is unable to do the activities. In some cases, teachers tore out specific pages for use with children; others cut out magazine pictures for the children to paste in the book.

Some Head Start staff suggested the preparation of separate books for children of different ages. Other suggestions were the inclusion of more and larger blank pages for non-directed drawing and the inclusion of other activities such as cutting and pasting, matching, and punch-outs. Head Start staff also felt that pictures designed for the teacher's use should be included and that the book should be in looseleaf form. Finally, some Head Start staff commented that the children's book presents problems to teachers who are unable to work regularly with children on a one-to-one basis. A few noted that it could become a "crutch" for teachers who rely on it too much and that the children could get bored if the children's book were used as "busy work."

3. Parent Handbooks

This section presents Head Start staff and parent reactions to the Healthy, That's Me parent handbooks. For a more detailed listing of staff and parent comments and suggestions for revisions of the handbooks, see Appendix C, pp. 132-137.

a. Staff Comments

While some Head Start staff liked the parent handbooks because they felt that they are simple, easy to read, and that the information in them is presented well, other respondents felt that the handbooks contain too much reading matter and are too general, too authoritative, and condescending. We note here that respondent perceptions of the "readability" of the material in the parent handbooks are affected by several factors, some of which are unique to particular centers. For example, the staff and several of the parents at one Head Start center suggested that the handbooks be made easier to read (i.e., have less written material and more illustrations) because many of the parents cannot read well.

Some Head Start staff mentioned the desirability of having one parent handbook instead of seven, and suggested that this handbook be a simplified version of the teacher's manual with empty pages after each unit on which parents could record information. While some Head Start staff felt there should be a greater number of cartoon illustrations, others felt that the cartoons should be eliminated in favor of more realistic pictures and photographs.

Both staff and parents have mentioned the desirability of having the parent handbooks translated into Spanish. However, respondents in several OCD regions cautioned that there are differences in Spanish spoken by people in different areas of the United States (e.g., the difference between "east coast" and "west coast" Spanish). During the course of the study, we have discovered that in at least two of the OCD regions efforts toward a Spanish translation of Healthy, That's Me have been undertaken.

In Region II, a "cultural translation" of the Healthy, That's Me teacher's manual and seven parent handbooks has been completed by staff of the Head Start Program in San Juan, Puerto Rico, assisted by staff at the University of Puerto Rico and at two Head Start training centers. This "cultural translation" is written in Spanish as it is spoken in Puerto Rico. Moreover, the teacher's manual discusses flora and fauna native to the area (e.g., a plant which is indigenous to Puerto Rico can be used in place of celery to illustrate capillary action). Examples of Puerto Rican menus are included. Ideas for field trips and related projects have been changed so they are more meaningful to Puerto Rican children. Puerto Rican holidays, cultural events, art, music, dance, drama, folklore, and folk tales are mentioned. This translation includes references to Spanish literature on the history of Puerto Rico. All of the resources mentioned in the translation are available in Puerto Rico. This "cultural translation" currently is in use in Puerto Rico and in other Head Start centers in Region II where it has proved feasible to implement. The materials are presented and distributed only after the Head Start staff at a center have been trained in their use. While the materials are not available through the regional office, the Child Development Specialist for Region II will put interested parties in touch with persons involved in the program.

Another attempt to translate the parent handbooks into Spanish was begun in Region IX. During the 1971-72 program year, a staff member at the Alum Rock Head Start Center in San Jose, California translated parent handbooks 1 through 4 and distributed them to parents. No additional copies were printed for use during the 1972-73 program year and none of the remaining three parent handbooks have been translated.

Several Head Start staff respondents have suggested that supplementary materials, including suggestions on ways in which staff can work with and motivate parents, be developed to accompany the parent handbooks. Along these lines, other respondents suggested the development of a booklet which parent volunteers could use to introduce the handbooks to parents and which would include an overview of the information included in them. Some Head Start staff felt that the handbooks should have more information on crisis situations; that they should stress prevention of mental health problems with emphasis on the importance of seeking counsel; and that they should include more information on health problems related to parents. Others felt that more information should be included on such topics as immunizations, childhood illnesses, sudden illnesses, sex education, environmental (as opposed to home) safety, first aid, dental hygiene, nutrition (e.g., guidance in preparation of balanced meals), and the normal stages of growth and development of pre-school children.

b. Parent Comments

As was noted earlier in this chapter, most parent respondents held favorable attitudes towards the parent handbooks.[8] Most parents seemed to feel that the material contained in the parent handbooks usually is easy to understand, easy to read, and is well presented, although some parents felt that this information should be presented in more detail. Other parent respondents felt that the handbooks should have less reading material and more pictures. Several parents suggested the handbooks be accompanied by a folder in which to keep them; other parents suggested that they be combined into one book. Some respondents felt that the handbooks should include more information on health problems of parents (e.g., cancer, alcoholism, and drug abuse including the taking of non-prescription drugs), on emotional problems, on nutrition, and on symptoms of various eye disorders (e.g., strabismus--"lazy eye").

Many parents indicated that information in the parent handbooks has helped them take better care of their children. As one respondent put it, "I always thought teaching a child should be left to professional teachers. I know now that a child's best teachers are the parents." Several parents mentioned that the information contained in the parent handbooks helped them to understand their children better (i.e., their children's needs and feelings). Others reported that the information has helped them care for and better understand not only their Head Start child, but all of their children. Parents found that the information in the handbooks also proved useful in explaining and answering children's questions about death, family problems, sex, and the consequences of certain actions (e.g., playing with matches). Several parents, who previously thought it unnecessary to give such explanations to young children, became aware of the need to explain such family upsets as the death of a grandparent.

---

[8] Comments presented in this section were made by parents in the "experimental" centers and/or by those parents in Head Start centers participating in the substudy of parents extensively involved with the parent handbooks.

Some Head Start parents liked the simplicity of the parent handbooks because they can be read to their children. One parent mentioned that her older children have read some of the handbooks and now have a better understanding of their younger siblings. After some of the respondents had finished reading the handbooks, they passed them on to friends and relatives. Other parent respondents commented that while they already knew most of the information presented in the handbooks, the handbooks did provide them with helpful reminders (e.g., they have become more aware of potential hazards in the home such as overloaded electrical sockets). Some parents who felt that the handbooks are not that useful to them commented that these handbooks would prove very useful to parents raising their first child. In fact, one respondent said that she wished she had had the handbooks when her first child was of pre-school age. Another parent suggested that the handbooks be made available through Departments of Social Services, since some parents who could benefit from the handbooks have children who are not yet old enough or eligible to enroll in the Head Start Program.

4. Specific Health Problems that Should Be Addressed or Receive More Emphasis in Healthy, That's Me

In addition to comments on and suggested revisions of Healthy, That's Me offered during the second year of the evaluation, Head Start staff and parents have indicated they would like to see information (more specific information) included in the Healthy, That's Me teacher's manual and/or parent handbooks on several health problems not specifically inquired about during the interview sessions. Topics suggested for inclusion are:[9]

a. Alcoholism
b. Allergies
c. Child growth and development
d. Drug abuse
e. First aid
f. Hazards of vacant lots, condemned buildings, and construction sites
g. Hearing problems
h. Hepatitis
i. Immunizations
j. Impetigo
k. Insect bites
l. Lead poisoning
m. Lice
n. Mental and emotional health
o. Nutrition education
p. Poisonous plants
q. Rabies
r. Ringworm
s. Safe handling of pets
t. Sickle cell anemia
u. Speech impediments
v. Street safety
w. Vision problems
x. Water shortage

---

[9] It was mentioned that while many of these health problems should be handled by Head Start staff with the child on a one-to-one basis, other problems require professional attention and training.

CHAPTER IV

IMPACT OF HEALTHY, THAT'S ME ON HEAD START TEACHERS, PARENTS, AND CHILDREN

> If we start with a wrong assumption no amount of energy and ingenuity in the manipulation of scientific technique will convert this initial error into a sound principle.
>
> -- Boyd H. Bode (1927)

A. LIMITATIONS OF THE ASSESSMENT OF IMPACT

One might assume that it would be relatively simple to assess the impact of a health education curriculum guide. For a variety of reasons this is not the case. While Healthy, That's Me is a well defined entity, its "success" undoubtedly depends on ways that Head Start staffs perceive and administer it. Even with an "experimental" group of only eleven centers, one can detect wide variations in the experience and training of staff, amounts of time devoted to the guide, parent attendance at meetings devoted to Healthy, That's Me, and other factors. These complexities make it difficult to explain which components are responsible for observed effects (or lack of effects) of the curriculum guide. Thus, where important differences have been identified between "experimental" and "comparison" groups, we can only speculate on the reasons for these differences--although, in some cases, suggestive explanatory data exist and are presented.

As anyone who is familiar with the Head Start Program knows, most Head Start centers experience numerous changes throughout a given program year (e.g., new regulations come from Washington or the regional office; there is a turnover of staff; etc.). For any of a dozen reasons, projects can alter direction. This has occurred both in "experimental" and in "comparison" centers included in our study. Also, the fact that most Head Start centers did not use the Healthy, That's Me materials ("experimental" group) or other health education materials ("comparison" group) for a full program year makes it difficult to estimate their short-term effects.

In addition, the diverse policy questions of interest to the Office of Child Development, and the variety of respondent groups whose reactions to the different parts of the curriculum guide are of special concern, dictated the necessity of developing a number of research instruments (see Volume II) to estimate the impact of Healthy, That's Me. In this chapter, we attempt to identify changes that have occurred among Head Start teachers, parents, and children that plausibly can be attributed to the curriculum guide. As might be expected, the use of several respondent groups and a variety of impact measures shows mixed results.

Finally, we would distinguish between what Scriven calls "formative" and "summative" evaluation.[1] "Formative" evaluation is the period of classroom tryout of experimental materials, where the purpose is for feedback to the authors to improve the materials developed. During the "summative" evaluation, the assessment is of a more finished product. While there is no clear-cut distinction between the two phases, thinking about the evaluation of Head Start experience with the curriculum guide in terms of formative and summative periods is useful in determining the appropriateness and timing of evaluation questions and activities. Assessment of the impact of the curriculum guide ("summative" evaluation) rests on the use of a "pre-post" research design, which permits us to estimate the extent to which the "experimental" and "comparison" groups were equivalent at the start of the study, and to measure the changes in health-related knowledge, attitudes, and behavior that have occurred between the "pre" and "post" measurements.

---

[1] Michael Scriven, "The Methodology of Evaluation," Perspectives of Curriculum Evaluation, American Educational Research Association, Chicago, Illinois, 1967.

Data presented in Tables IV-1 through IV-14 and in Chart IV-1 of this chapter have been subjected to chi-square tests in order to determine whether differences between "experimental" and "comparison" Head Start teacher and parent respondents were statistically significant (at the .10 level) for both the fall and spring interview periods.[2] Although a .10 level of significance represents a more relaxed level of significance than is customary, it was considered appropriate for this type of evaluation. The entries in the following matrix show the approximate size of the difference $|P_1-P_2|$ that is considered statistically significant at the .10 level--i.e., a difference of at least this size would occur by chance only 10 times out of 100 if the two samples were drawn from identical populations:

Sample Size		Proportion of Sample 1 (P_1) with Given Characteristic		
N_1	N_2	P_1=10	P_1=25	P_1=40
25	25	28	48	64
50	50	22	41	57
100	100	18	35	51
150	150	16	34	50

---

[2] Data for a few of the "pretest" items were not subjected to significance testing because large numbers of Head Start staff were reluctant to answer some questions about children or parents so early in the program year. For these items, comparisons probably would have revealed hesitancy to respond rather than the extent of health-related knowledge or the frequency with which a health-related behavior was displayed.

B. IMPACT ON HEAD START TEACHERS[3]

Table IV-1 presents data on the extent to which Head Start teachers feel well prepared to talk about health-related topics with children.[4] For the three items showing statistically significant differences in the fall (body parts and functions, accident prevention, and good grooming), the proportion of "experimental" teachers feeling "well prepared" increased in the spring, while the proportion of "comparison" teachers feeling "well prepared" decreased.

Conversely, for the two items showing statistically significant differences in the spring (individual emotions and emotional growth, and physical development and growth), the proportion of "comparison" teachers feeling "well prepared" increased from fall to spring while the proportion of "experimental" teachers feeling "well prepared" decreased.

Table IV-2 shows that both "experimental" and "comparison" teacher respondents generally became more aware of specific first aid procedures for treating various injuries between the "pre" and "post" phases of the study.

---

[3] The reader should note that tables related to the impact of *Healthy, That's Me* on Head Start *teachers* are based on interviews administered to a sample of 35 "experimental" and 44 "comparison" teachers in the fall, and to a sample of 31 "experimental" and 33 "comparison" teachers in the spring. Tables related to Head Start *staff* attitudes towards *Healthy, That's Me* and to types of training received in the use of the curriculum guide are based on interviews administered to a sample of 78 "experimental" staff in the fall and 66 "experimental" staff in the spring. The latter group of tables include the responses of Head Start teachers *and* other staff responsible for health education.

[4] Examination of the data provided by the "post only" comparison group did not indicate effects of memory recall or preparing for the "post" interview. Thus, statistically significant differences between "pre" and "post" measurements are attributed to factors substantively related to the health education component of "experimental" or "comparison" Head Start centers.

Table IV-1

Proportion of Head Start Teachers Who Feel Well Prepared to Discuss Various Health-Related Topics with Children

Topic	Fall 1972		Spring 1973	
	Experimental %	Comparison %	Experimental %	Comparison %
Body parts and functions	42.8*	63.6*	61.3	51.5
Roles of family members	42.8	59.1	58.1	54.5
Individual emotions and emotional growth	31.4	31.8	22.6*	48.5*
Ethnic and racial differences	34.3	43.2	35.5	51.5
Accident prevention	25.7*	45.4*	32.2	33.3
Home safety	31.4	43.2	35.5	39.4
Physical development and growth	31.4	43.2	29.0*	54.5*
Good grooming	54.3*	79.5*	64.5	75.8
Food and nutrition	37.1	45.4	41.9	42.4
Personal hygiene	51.4	65.9	61.3	75.8
Visiting doctors, dentists and nurses	48.6	50.0	61.3	54.5
N	35	44	31	33

*Significant difference at the .10 level.

Both the "experimental" and "comparison" teachers showed an increased awareness over the course of the program year. However, "experimental" teachers showed less awareness of specific first aid procedures for treating a puncture wound from a rusty nail and "comparison" teachers showed less awareness of specific first aid procedures for treating a broken bone. The net result is that, in the spring, "experimental" teachers were significantly more aware of specific first aid procedures for treating two of the five injuries listed. For three other injuries, differences between "experimental" and "comparison" teachers were non-significant.

Table IV-2

Proportion of Head Start Teachers Who Demonstrate Awareness of Specific First Aid Procedures for Various Injuries[a]

Injury	Fall 1972		Spring 1973	
	Experimental %	Comparison %	Experimental %	Comparison %
Puncture wound from a rusty nail	40.0*	18.2*	22.6	36.4
Swallowing of cleaning fluid	25.7	13.6	32.3	21.2
Animal bite	31.4*	15.9*	58.1*	33.3*
Broken bone	77.1	70.5	87.1*	54.5*
Burn	45.7	40.9	64.5	48.5
N	35	44	31	33

[a] The following sources were consulted to determine "specific" responses: Waldo Nelson, Victor Vaughan, and R. James McKay, Textbook of Pediatrics; literature from the Committee on Accident Prevention of the American Academy of Pediatrics; First Aid Textbook, prepared by the American Red Cross; literature provided by Poison Control at Children's Hospital in Washington, D.C.; Healthy, That's Me curriculum guide; and Benjamin Spock, Baby and Child Care.

*Significant difference at the .10 level.

These data tend to reflect not only the influence of Healthy, That's Me but also the first aid training some Head Start staffs have received. Head Start staff frequently have suggested that more first aid information be included in the Healthy, That's Me teacher's manual, and that first aid courses be included as part of in-service training.

An examination of Head Start teachers' knowledge of the prevention, symptoms, and length of communicability of various childhood diseases reveals several interesting findings. Information presented in Table IV-3 shows that the only statistically significant difference in the fall--awareness of ways to prevent mumps--was sustained in the spring (in favor of "experimental" teachers). In addition, teacher awareness of symptoms and/or length of communicability for five childhood illnesses, shown in Tables IV-4 and IV-5, indicate a significant difference in the spring in favor of the "experimental" teachers. While the data reveal a substantial increase in knowledge by users of Healthy, That's Me, informational gains by both groups of respondents also could be partially due to the incidence of the various diseases at the Head Start centers during the program year (and associated staff learning).

In Table IV-6 we present "post" data on Head Start teacher attitudes on extent of parent preparation to deal with the health problems and needs of their children. When this question was asked in the fall, a large number of teacher respondents felt that they had not had adequate contact with parents to make accurate judgments. In the spring, responses to this question support arguments for a health education emphasis in the Head Start Program. Less than ten percent of the "experimental" and "comparison" teachers felt that most of the parents of children in their classrooms were "well prepared" to deal with their children's health problems and needs.

Table IV-3

Proportion of Head Start Teachers Who Demonstrate Awareness of Prevention of Various Childhood Illnesses[a]

Childhood Illness	Fall 1972		Spring 1973	
	Experimental %	Comparison %	Experimental %	Comparison %
Chicken pox	37.1	38.6	48.4	36.4
German measles	82.8	75.0	96.8*	81.8*
Impetigo	60.0	50.0	71.0	60.6
Measles	80.0	77.3	100.0*	66.7*
Mumps	77.1*	43.2*	83.9*	51.5*
Ringworm	48.6	50.0	51.6	60.6
Whooping cough	71.4	54.5	83.9*	51.5*
N	35	44	31	33

[a] The following sources were consulted to determine "acceptable" responses: Waldo Nelson, Victor Vaughan, and R. James McKay, Textbook of Pediatrics; Healthy, That's Me curriculum guide; and Benjamin Spock, Baby and Child Care.

*Significant difference at the .10 level.

Table IV-4

Proportion of Head Start Teachers Who Demonstrate Awareness of Symptoms of Various Childhood Illnesses[a]

Childhood Illness	Fall 1972		Spring 1973	
	Experimental %	Comparison %	Experimental %	Comparison %
Chicken pox	82.8	68.2	90.3*	72.7*
German measles	77.1	61.4	77.4	72.7
Impetigo	71.4	68.2	83.9	69.7
Measles	85.7	72.7	80.6	78.8
Mumps	82.8	81.8	83.9	84.8
Ringworm	60.0	56.8	70.1	66.7
Whooping cough	54.3	54.5	64.5	54.5
N	35	44	31	33

[a] The following sources were consulted to determine "acceptable" responses: Waldo Nelson, Victor Vaughan, and R. James McKay, Textbook of Pediatrics; Healthy, That's Me curriculum guide; and Benjamin Spock, Baby and Child Care.

*Significant difference at the .10 level.

Table IV-5

Proportion of Head Start Teachers Who Demonstrate Awareness of Length of Communicability of Various Childhood Illnesses[a]

Childhood Illness	Fall 1972		Spring 1973	
	Experimental %	Comparison %	Experimental %	Comparison %
Chicken pox	45.7	31.8	54.8	51.5
German measles	34.3	18.2	35.5	39.4
Impetigo	51.4	40.9	54.8	45.4
Measles	37.1	29.5	51.6*	24.2*
Mumps	42.8	31.8	74.2*	48.5*
Ringworm	51.4	40.9	54.8*	36.4*
Whooping cough	22.8	25.0	35.5*	12.1*
N	35	44	31	33

[a] The following sources were consulted to determine "acceptable" responses: Waldo Nelson, Victor Vaughan, and R. James McKay, Textbook of Pediatrics; Healthy, That's Me curriculum guide; and Benjamin Spock, Baby and Child Care.

*Significant difference at the .10 level.

Table IV-6

Head Start Teacher Attitudes on Extent of Parent Preparation to Deal with Health Problems and Needs of Their Children

Attitude	Spring 1973	
	Experimental %	Comparison %
Well prepared	3.2	9.1
Average preparation	61.3	69.7
Poorly prepared	22.6	18.2
No answer	12.9	3.0
N	31	33

Note: Many of the teachers not answering this question mentioned that they had little contact with Head Start parents since other staff conducted home visits or because bus drivers, not parents, transported children to and from the Head Start center.

C. IMPACT ON HEAD START PARENTS

Tables IV-7 through IV-14 and Chart IV-1 present data illustrative of ways in which the parents interviewed in this study, and in turn the children, have been affected by the health education component at the child's Head Start center. As has been mentioned earlier, the focus on health education at various Head Start centers included in the sample ranged from centers with little emphasis on health education activities to centers with a well structured program covering a variety of health and health-related topics with children and parents.

Before turning to data on the impact of health education activities, we would note that less than half the parents in both the "experimental" and "comparison" groups could name any health education materials in use at their child's Head Start center.[5] Some evidence also exists that Head Start parents and staff do not distinguish between the delivery of health services and the provision of health education. In part, this illustrates the need for Head Start materials which stress health education per se as well as materials which emphasize the relationship between health education and the receipt (or availability) of medical services.

In Table IV-7 we see that a higher proportion of "experimental" than "comparison" parents feel that they have learned more about ten of eleven health problems or childhood illnesses since their children have been enrolled in Head Start (differences in the areas of dental disease and nutritional deficiency are statistically significant).[6] With regard to what they have learned about these childhood illnesses or other health problems, parents in the "experimental" group seemed to learn more about the proper treatment of various childhood illnesses and health problems in the home and more about preventive health care (e.g., that proper dental care and diet when a child is young can prevent future health problems). On the other hand, parents in the "comparison" group seemed to learn more about the symptoms of various childhood illnesses and/or health problems.

---

[5] Since we were interested primarily in parents' perceptions of materials in use, we did not check to see whether or not the materials mentioned were actually being used at the center, or whether or not the materials named were, in fact, health education materials.

[6] The reader should note that percentages are small and that parents "volunteered" this information (i.e., they were asked which illnesses they had learned more about and were not read a list of illnesses).

Table IV-7

Proportion of Head Start Parents Who Feel They Have Learned More About Childhood Illnesses or Health Problems Since Child Enrolled in Head Start

Childhood Illness or Health Problem	Experimental %	Comparison %
Chicken pox	5.4	3.3
Dental disease	13.6*	4.6*
German measles	4.1	2.0
Impetigo	2.7	2.0
Measles	8.2	5.3
Mumps	4.8	4.0
Nutritional deficiency	5.4*	0.7*
Ringworm	1.4	2.6
Sickle cell anemia	8.8	7.3
Strep throat	3.4	0.7
Whooping cough	2.7	0.7
Other	10.9	9.3
No answer	55.1	68.9
N	147	151

*Significant difference at the .10 level.

In Table IV-8 we see no significant difference between "experimental" and "comparison" parents on whether or not health education in Head Start has helped them deal with the child health problem they identified as most serious in their neighborhood. We would note here that while the root causes of some of the serious child health problems mentioned by parents may be largely beyond the control of the Head Start staff (e.g., poor housing conditions), and while in an "objective" sense the health problems identified by parents may not be the worst child health problem in the neighborhood, approximately the same proportion of "experimental" and "comparison" parents who identified a child health problem in their neighborhood felt that health education in their child's Head Start project was able to help them with this problem. Among the child health problems identified by parents in both groups were: childhood diseases, colds, dental disease, lead poisoning, lice, neighborhood pests (e.g., rats, roaches, and stray dogs), nutritional deficiencies, and poor housing.

Table IV-8

Proportion of Head Start Parents Who Feel that Health Education in Head Start Helped Them Deal with Child Health Problem They Identified as Most Serious in Neighborhood

Attitude	Experimental %	Comparison %
Yes	30.6	32.4
No	33.3	25.8
Don't know	20.4	34.4
No answer, no health problem identified	15.6	7.3
N	147	151

Table IV-9 demonstrates that, on the whole, parents in the "comparison" group seemed to learn more than "experimental" parents about specific first aid procedures for treating various injuries. In the fall, a significant difference in awareness of specific first aid procedures between the two groups was found for only one injury (swallowing cleaning fluid) in favor of the "comparison" group. In the spring, parents in the "comparison" group maintained a significant difference in knowledge of first aid procedures for that injury. In addition, a slightly higher percentage of "experimental" than "comparison" parents exhibited knowledge of specific first aid procedures for treating puncture wounds and animal bites; however, a slightly higher percentage of "comparison" than "experimental" parents exhibited knowledge of specific first aid procedures for treating broken bones and burns (these differences are statistically non-significant).

Table IV-9

Proportion of Head Start Parents Who Demonstrate Awareness of Specific First Aid Procedures for Various Injuries[a]

	Fall 1972		Spring 1973	
Injury	Experimental %	Comparison %	Experimental %	Comparison %
Puncture wound from a rusty nail	3.3	2.7	9.5	6.0
Swallowing of cleaning fluid	9.9*	19.4*	8.2*	16.6*
Animal bite	2.2	3.2	8.2	4.0
Broken bone	33.0	39.8	33.3	41.0
Burn	26.9	29.0	21.8	29.1
N	182	186	147	151

[a] The following sources were consulted to determine specific responses: Waldo Nelson, Victor Vaughan, and R. James McKay, Textbook of Pediatrics; literature from the Committee on Accident Prevention of the American Academy of Pediatrics; First Aid Textbook, prepared by the American Red Cross; literature provided by Poison Control at Children's Hospital in Washington, D.C.; Healthy, That's Me curriculum guide; and Benjamin Spock, Baby and Child Care.

*Significant difference at the .10 level.

On the whole, Head Start parents in our sample seemed to know less about specific first aid procedures than the teachers interviewed (see Table IV-2, p. 50). Although staff at some of the Head Start centers attended a first aid course during the year, apparently their knowledge has not (not yet) reached the parents. For only one of the injuries mentioned (broken bone) were more than 40 percent of the parents in either group aware of specific first aid procedures. It is worth noting that two of the suggestions made by Head Start parents and staff for revisions of the Healthy, That's Me parent handbooks were that there should be more information on first aid procedures (including a list of poisons and antidotes) and on teaching children about the importance of safety (see Appendix C, pp. 133, 136 and 137). In short, Head Start parents recognize their need for more information in these areas and are looking for a recognition of this need in the health education materials being used in Head Start.

Table IV-10 shows that while a higher proportion of parents in the "comparison" than "experimental" group reported changes in the ways they care for their children's health due to information received from Head Start, the difference is not statistically significant. The health information which several parents have received seems to have made them generally more aware of their children's needs and problems. Some respondents reported that they now realize the importance of having their children brush their teeth regularly. Other parents reported that they learned more about the necessity of a balanced diet, and are now more careful with regard to their children's eating habits. Some parent respondents also reported that they now put more emphasis on good habits of personal hygiene.

Table IV-10

Head Start Parent Reports of Changes in the Way They Care for Their Child's Health Based on Information Received from Head Start

Changes	Experimental %	Comparison %
Yes	25.7	31.4
No	73.6	68.6
Don't know	0.7	0.0
N	148	153

D. IMPACT ON HEAD START CHILDREN

In order to ascertain the impact of the Healthy, That's Me materials on children, we asked teachers and parents to report on changes in their children's attitudes and/or behaviors with regard to such topics as awareness of various health-related subjects, dental care practices, and attitudes and behavior toward health personnel (other than those encountered in Head Start). The data in Table IV-11 represent teacher perceptions of their children's awareness of various health-related subjects.[7] In the spring, we find statistically significant differences in favor of the "comparison" group for seven of thirteen health-related subjects. However, "experimental" teacher reports of children's awareness of body parts and functions, brushing teeth, and motor development and exercises increased substantially from fall to spring. In the case of brushing teeth, teacher perceptions correspond with parent reports of toothbrushing habits of their children (see Chart IV-1, p. 67).

---

[7] In collecting the information displayed in Tables IV-11 and IV-12 teachers were instructed to think only of children who were enrolled in Head Start for the first time in the fall of 1972, in order to exclude comments on the effects on those children previously exposed to the Head Start Program and the center's health education component.

7

Table IV-11 also shows that in the spring over half of the "experimental" teachers believed most of their children were "adequately aware" of only three of thirteen health-related subjects: personal identity, body parts and functions, and brushing teeth. Conversations with Head Start staff lead us to hypothesize that after having read and used Healthy, That's Me, Head Start staff became more modest about assessing their own health education skills and the health awareness of their children. If this "modesty" leads to an expansion of health education activities, and to a recognition of the importance of such efforts, Healthy, That's Me will have fulfilled an important function.

Since Head Start teachers were asked to record their perceptions about less desirable (or negative) health-related behaviors, as well as about more desirable (or positive) behaviors of their children, our discussion of Table IV-12 is divided into two parts.[8] First, while none of the "experimental" teacher respondents reported that most of their children come to school hungry, nearly one-fifth of the "comparison" teachers reported this occurrence.

---

[8] Data in Table IV-12 are presented for the "post" administration only, since most Head Start teachers were reluctant or unwilling to make these judgments at the beginning of the program year.

Table IV-11

Proportion of Head Start Teachers Who Believe Most of Their Children Are Adequately Aware of Various Health-Related Subjects

Subject	Fall 1972		Spring 1973	
	Experimental %	Comparison %	Experimental %	Comparison %
Personal identity	51.4	65.9	54.8	69.7
Body parts and functions	45.7	63.6	64.5	75.8
Environmental safety	22.8	29.5	19.4*	39.4*
Home safety	14.3	25.0	16.1*	39.4*
Accident prevention	17.1	25.0	22.6	30.3
Value of different roles of family members	31.4	43.2	25.8*	51.5*
Brushing teeth	40.0	65.9	61.3	69.7
Good grooming	34.3	61.4	41.9	45.4
Good nutrition and healthy foods	22.8	36.4	19.4	33.3
Washing hands and body cleanliness	57.1	68.2	48.4*	69.7*
Visiting the doctor and dentist	31.4	56.8	38.7*	60.6*
Cleaning up playground	51.4	34.1	45.2*	75.8*
Motor development and exercises	17.1	59.1	45.2*	78.8*
N	35	44	31	33

Note: In the fall, a large number of Head Start teachers in both groups felt unable to rate many of their children on these topics. Therefore, the fall data should be interpreted cautiously. No chi-square tests have been performed for the fall data presented in this table.

*Significant difference at the .10 level.

However, since some Head Start centers serve breakfast or a snack when the children arrive, some parents, knowing this, might not fix breakfast for their children at home.

Second, in considering positive health-related behaviors of children, the "comparison" children appear to have the advantage. Twice as many "comparison" as "experimental" teachers believed most of their children talk about the foods they eat and their eating experiences. A statistically significant difference exists for handwashing, with almost twice as many "comparison" teachers reporting that most of their children wash their hands after going to the bathroom without being told. We would note that although the behaviors reported on in this table concern children directly, many of the behaviors are dependent upon the care that parents provide for their children. This is especially true with regard to children three or four years of age.

Data in Table IV-13 reveal that the majority of parents in both the "experimental" and "comparison" groups feel that their children better understand how to care for their health since enrolling in Head Start. Even though a higher proportion of parents in the "comparison" group noticed this change, the difference is not statistically significant.

Parents in the "experimental" group have noticed that their children take better care of their teeth; that they generally take better care of themselves; and that they clean up after themselves, help with chores, and generally appear more independent. Parents in the "comparison" group have noticed that their children have learned to dress themselves, practice better habits of personal hygiene, share more, and get along better with other children. Some parents in both groups reported that their children eat more and eat a wider variety of foods than before they enrolled in Head Start.

Table IV-12

Head Start Teacher Perceptions of Various Health-Related Behaviors Exhibited by Children in Their Classrooms

Behavior	Spring 1973					
	Experimental (N = 31)			Comparison (N = 33)		
	Most %	Some %	Few or None %	Most %	Some %	Few or None %
Often come to school hungry	0.0*	45.2*	54.8*	18.2*	33.3*	45.4*
Often come to school inappropriately or inadequately dressed for the weather	6.4	48.4	45.2	3.0	39.4	57.6
Often come to school tense or upset	3.2	51.6	45.2	0.0	39.4	54.5
Are willing to share and take turns	41.9	35.5	22.6	48.5	33.3	18.2
Talk about the foods they eat and their eating experiences	22.6	58.1	16.1	45.4	36.4	18.2
Wash their hands after going to the bathroom without being told	25.8*	25.8*	48.4*	48.5*	30.3*	21.2*

Note: Percentages do not always total 100.0 because "no answer" responses were not included.

*Significant difference at the .10 level.

Table IV-13

Proportion of Head Start Parents Who Believe Child Better Understands How to Care for Health Needs Since Enrolled in Head Start

Has Better Understanding	Experimental %	Comparison %
Yes	83.1	89.5
No	16.9	10.4
N	148	153

In Table IV-14 we see that a significantly higher proportion of parents in the "comparison" than "experimental" group reported a change in their child's attitude and/or behavior towards non-Head Start health personnel.[9] In both groups, reported changes in attitudes and actions of children generally were positive (e.g., the child no longer is afraid; the child now understands that health personnel are there to help and cooperates with them; and the child no longer cries or screams at the time of the visit).

Table IV-14

Head Start Parent Reports of Change in Child's Attitude or Behavior Towards Non-Head Start Health Personnel

Change	Experimental %	Comparison %
Yes	32.4*	43.1*
No	67.6*	56.2*
No Answer	0.0	0.6
N	148	153

*Significant difference at the .10 level.

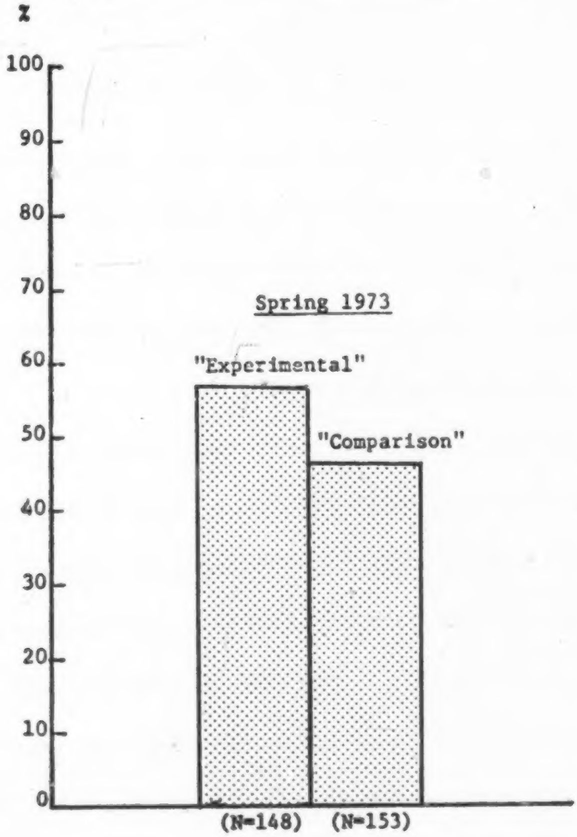
---

[9] However, more "comparison" than "experimental" parents reported that the change was a negative one (e.g., the child is afraid now).

In Chart IV-1, we see that a significantly higher proportion of children in the "experimental" than "comparison" group brush their teeth after breakfast and before bed, as reported by their parents. This finding is especially encouraging because, according to recommended dental practice, it is best to

Chart IV-1

Proportion of Head Start Parents Reporting Children Brush Their Teeth After Breakfast and Before Bed



Note: The finding demonstrated in this chart is especially important in view of the fact that in the fall, a higher proportion of "comparison" children (52 percent) than "experimental" children (44 percent) brushed their teeth after breakfast and before bed, as reported by parents. This chart is based on data presented in Table B-5, p. 114.

brush teeth after meals or, at a minimum, before going to bed.[10] The difference between the toothbrushing habits of the two groups could be explained at least partially by the fact that a higher proportion of parents in the "experimental" group reported learning more about dental disease (see Table IV-7, p. 57), and by the fact that the proportion of teachers in the "experimental" group who reported their children were adequately aware of the importance of brushing teeth increased by more than 20 percent from the fall to the spring (see Table IV-11, p. 63).

E. SUMMARY OF IMPACT FINDINGS

Tables IV-1 through IV-14 and Chart IV-1 have illustrated the impact of the Healthy, That's Me materials on Head Start teachers, parents, and children in the "experimental" sample, and the impact of other (or no) health education materials on teachers, parents, and children in the "comparison" sample. As we have seen, the findings are mixed.

Table IV-7 (parent knowledge about childhood illnesses or other health problems) and Chart IV-1 (parent reports of children brushing their teeth after breakfast and before bed) tend to indicate a positive impact of Healthy, That's Me on parents and children. Furthermore, Table IV-2 (teacher awareness of specific first aid procedures) and Tables IV-3, IV-4, and IV-5 (teacher awareness of prevention, symptoms, and communicability of childhood illnesses) tend to indicate a positive impact of the guide on Head Start teachers. On the other hand, data in Table IV-8 seem to indicate that the Healthy, That's Me materials have not dealt with what parents identify as the most serious child health problem in the neighborhood to any greater extent than the health education materials used in the "comparison" Head Start centers.

---

[10] See "Research Explains Plaque: Combat Zone in Dental Disease," prepared by the Information Office, National Institute of Dental Research, National Institutes of Health, Bethesda, Maryland, 1969; and "Do It!," American Dental Association, Chicago, Illinois, 1970.

While the proportions in Table IV-1 (teacher preparedness to discuss health-related topics with children) favor the teachers in the "comparison" group, the proportion of teachers in the "experimental" group feeling "well prepared" increased in the spring for all but two of the topics; at the same time, the proportion of teachers feeling "well prepared" in the "comparison" group decreased for six of the topics. Increased confidence of teachers might be attributable to their use of the guide, or their use of other health education materials, while decreased confidence might be explained, in part, by a more realistic assessment of their preparation to discuss health-related topics with children.

Table IV-10 (parent reports of changes in way they care for child's health) and Table IV-13 (parent perceptions of whether child better understands how to care for health needs) show differences in favor of the "comparison" group. However, these differences are not statistically significant. While data in Table IV-12 (teacher perceptions of health-related behaviors exhibited by children) generally favor the "comparison" group, significantly fewer children in the "experimental" group are reported by their teachers as often coming to school hungry. Although Table IV-14 (parent reports of changes in child's feelings or actions towards non-Head Start health personnel) shows a statistically significant difference in favor of the "comparison" group, more parents in the "comparison" than "experimental" group report that this change was in a negative direction.

While data in Table IV-11 (teacher reports of child awareness of various health-related subjects) generally favor the "comparison" group, teachers in the "experimental" group reported a 20 percent increase between the fall and the spring in their children's awareness of body parts and functions and of the importance of good toothbrushing habits.

Table IV-9 (parents awareness of specific first aid procedures for the treatment of various injuries) indicates an apparent advantage for the "comparison" group. However, the table viewed as a whole suggests the need for more information for all Head Start parents on first aid techniques which can be applied in and around the home. In addition, data in Table IV-6 (teacher attitudes on extent of parent preparation to deal with health problems and needs of children) which indicated that less than ten percent of teachers in both the "experimental" and "comparison" groups felt that most of the parents of their children were well prepared to deal with their children's health needs, and our observation that less than half the parents in both the "experimental" and "comparison" groups could name any health education materials in use at their child's Head Start center (see p. 56), demonstrate the need for an increased emphasis on health education in the Head Start Program.

In concluding this section, we would note that the opportunity to observe the impact of the Healthy, That's Me materials on parents and teachers would have been greater (i.e., more data would have been available) if more of the parent handbooks had been introduced to a greater number of Head Start parents in the "experimental" centers (see pp. 29-30), if a sufficient number of copies of the materials (teacher's manual, children's book, and parent handbooks) had been received by all centers prior to the beginning of the program year (see pp. 14-15), and if adequate training (as perceived by staff) in the use of the materials had been available to all centers prior to the date of expected implementation of the health education curriculum guide (see pp. 73-77).

CHAPTER V

COSTS AND EFFECTS OF DIFFERENT TYPES OF TEACHER TRAINING

> More change has occurred in curriculum during the last ten years than in any previous decade in United States history. Doubtless, this reflects a wave of change throughout education. Insofar as subjects taught and the content of these subjects are concerned, many observers think that an even more important causal factor is the new method of preparing curriculum materials, coupled with new mechanisms for training teachers in their use.
>
> -- Hulda Grobman (1968)

As indicated in Chapter II, in order to facilitate Head Start implementation of Healthy, That's Me, training sessions in the use of the curriculum guide were conducted by Lawrence Johnson and Associates from mid-December 1971 until March 1972.[1] During this time, 445 Head Start "master trainers" in the ten Office of Child Development regions and the Indian and Migrant Program Division were trained in the use of the curriculum guide. This chapter presents information on the "filtering effect" of these training sessions; on the types of training and effects of using Healthy, That's Me with and without training; and on OCD costs associated with training Head Start staffs in the use of the curriculum guide.

---

[1] For a discussion of the training sessions and their preliminary effects, see Richard B. Zamoff and Katryna J. Regan, op. cit., pp. 37-51.

A. HEAD START STAFF TRAINING IN THE USE OF HEALTHY, THAT'S ME

Table V-1 shows that almost three-fourths of the teachers in the "experimental" centers received training in the use of Healthy, That's Me.

Table V-1

Proportion of Head Start "Experimental" Teachers Who Received Training in Use of Healthy, That's Me

Received Training	%
Yes	74.2
No	25.8
N	31

While the nature and extent of this training varied from center to center, these data lead us to estimate that approximately 75 percent of the 100,000 Head Start children designated to receive Healthy, That's Me were introduced to it by teachers who had been trained in its use. As we will see, however, only approximately half the Head Start children introduced to Healthy, That's Me were introduced to the curriculum guide by teachers who received Lawrence Johnson and Associates training sponsored by the Office of Child Development (the approach intended by OCD). Specific data on the effects of "training" vs. "no training" on the use and impact of the curriculum guide are discussed later in this chapter.

For purposes of analysis, the eleven "experimental" Head Start centers were categorized according to the type of training received by staff in the use of Healthy, That's Me. As seen in Table V-2, at the majority of Head Start centers, teachers interviewed were trained either by someone who had attended a Lawrence Johnson and Associates training session, or by someone who had been trained by an attendee at one of the sessions. Table V-2 also shows that slightly more than ten percent of the teachers in the sample received training developed by Head Start staff, and that approximately one-fourth of the teachers interviewed received no training in the use of Healthy, That's Me (also shown in Table V-1).

Table V-2

Type of Training Received by Head Start "Experimental" Teachers in Use of Healthy, That's Me

Type of Training	%
Lawrence Johnson and Associates	61.3
Staff Developed	12.9
None	25.8
N	31

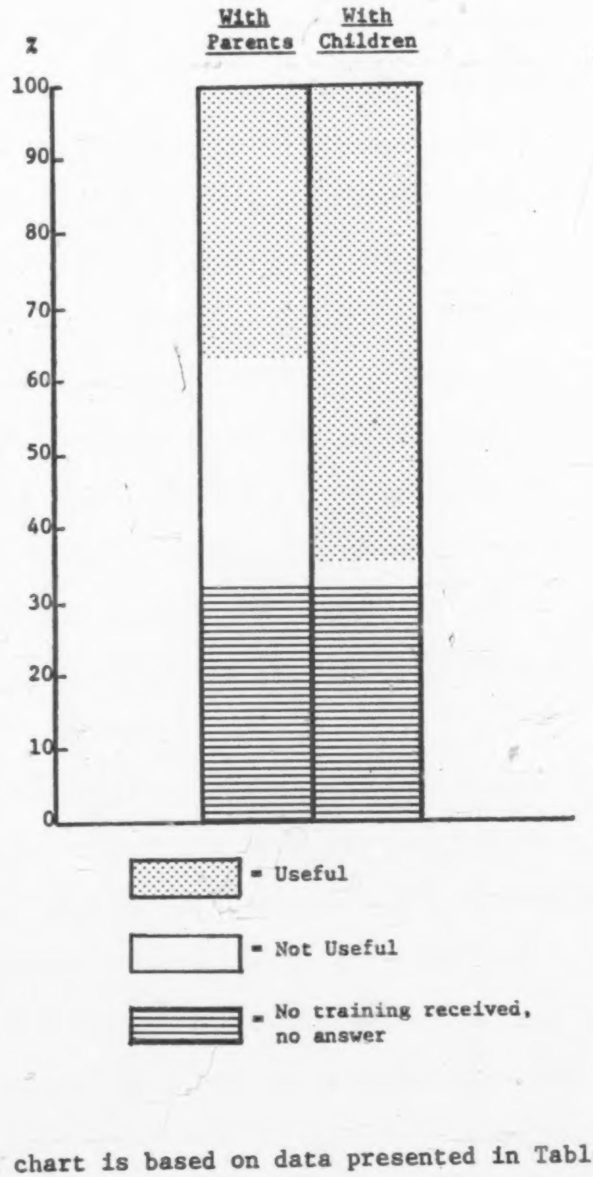
The Lawrence Johnson and Associates training sessions were conducted as laboratory workshops devoted to "learning by doing" activities. Lawrence Johnson and Associates conducted basically the same workshop in each region, trying (with and without success) to specify what materials would be most appropriate for use in each particular region. It was expected that persons trained at these sessions would return to their communities and train Head Start staff in the use of Healthy, That's Me, or would train others to train the appropriate Head Start staffs. As intended, this method of training would allow some basic similarities in the way all Head Start staffs were introduced to the curriculum guide and would afford the opportunity for Head Start staffs from different locations to get together and share ideas. However, the approach did not permit either the concentration on specific topics of interest, or the addressing of specific needs of individual Head Start staff. These two drawbacks to the Lawrence Johnson and Associates approach often were mentioned as strengths associated with staff developed training. By developing a training component for use in a particular geographic area or at a particular Head Start center, it is easier to meet specific needs, address weaknesses, and allow for significant input by the people for whom it is designed.

Participant use of training suggestions and materials presented at the Lawrence Johnson and Associates training sessions ranged from setting up workshops on the specific Healthy, That's Me units to giving a talk to Head Start staff on the Lawrence Johnson and Associates training approach. For most centers where the staff received Lawrence Johnson and Associates training, a combination of the workshop and lecture methods was used. Due to the small number of Head Start staff represented in this study (N=66 total staff; N=31 teachers), it is inappropriate to divide the sample of staff according to the extent of Lawrence Johnson and Associates training received, and also inappropriate to perform statistical tests of significance according to type of training.

Chart V-1 presents teacher attitudes on the usefulness of the training they received in the use of Healthy, That's Me with respect to working with Head Start parents and children. It shows that the teachers interviewed were more likely to have found the training they received useful in helping them work with children than with parents. Also, teachers were much more likely to find the training they received not useful in helping them work with parents than with children.

Chart V-1

Head Start "Experimental" Teacher Attitudes on Usefulness of Training in Use of Healthy, That's Me in Helping Them Work with Parents and Children (N=31)



Note: This chart is based on data presented in Table B-6, p. 115.

These findings support our observation that Head Start staff believe they need considerably more assistance than they have received in introducing Healthy, That's Me to Head Start children and (especially) to parents. Lack of such guidance frequently was mentioned as a weakness of the training received, and frequently was cited as needing more emphasis in training in the use of Healthy, That's Me.[2]

B. RELATIONSHIP BETWEEN HEAD START STAFF TRAINING IN USE OF HEALTHY, THAT'S ME AND PARENT AND STAFF REPORTS OF CHANGES IN HEALTH-RELATED ATTITUDES AND BEHAVIORS

The findings cited in the previous section suggest the need for staff training prior to the introduction of Healthy, That's Me into the Head Start Program. Further evidence supporting staff training as a prerequisite to the guide's introduction is found in the relationship between staff training and parent reports of increased knowledge about childhood illnesses or health problems since their children have been enrolled in Head Start. For example, parents with children in centers where staff received training in the use of Healthy, That's Me were more likely to comment that they learned more about dental disease and sickle cell anemia than parents of children in centers where staff were not trained in the use of the curriculum guide. Increased knowledge with respect to dental disease may be related to parent reports of children brushing their teeth after breakfast and before bed (see Chart IV-1, p. 67).

---

[2] An examination of Head Start parent attitudes towards the Healthy, That's Me parent handbooks, according to the training or lack of training received by staff, also supports the need for staff training in the use of the parent handbooks. Parents of children in centers where staff received training in the use of Healthy, That's Me were more likely to find the parent handbooks "very useful" than parents of children in centers where staff were not trained in the use of the guide.

Chart V-2 presents additional evidence supporting the need for training in the use of the curriculum guide. We see that Head Start staff trained in the use of the curriculum guide were far more likely to hold favorable attitudes towards the guide than staff not trained in its use. Differences in staff attitudes towards Healthy, That's Me may result, in part, from the likelihood that staff trained in the use of the curriculum guide probably have a clearer understanding of its objectives and of the fact that it is intended for use according to Head Start staff perceptions of its relevance for children in particular local situations.

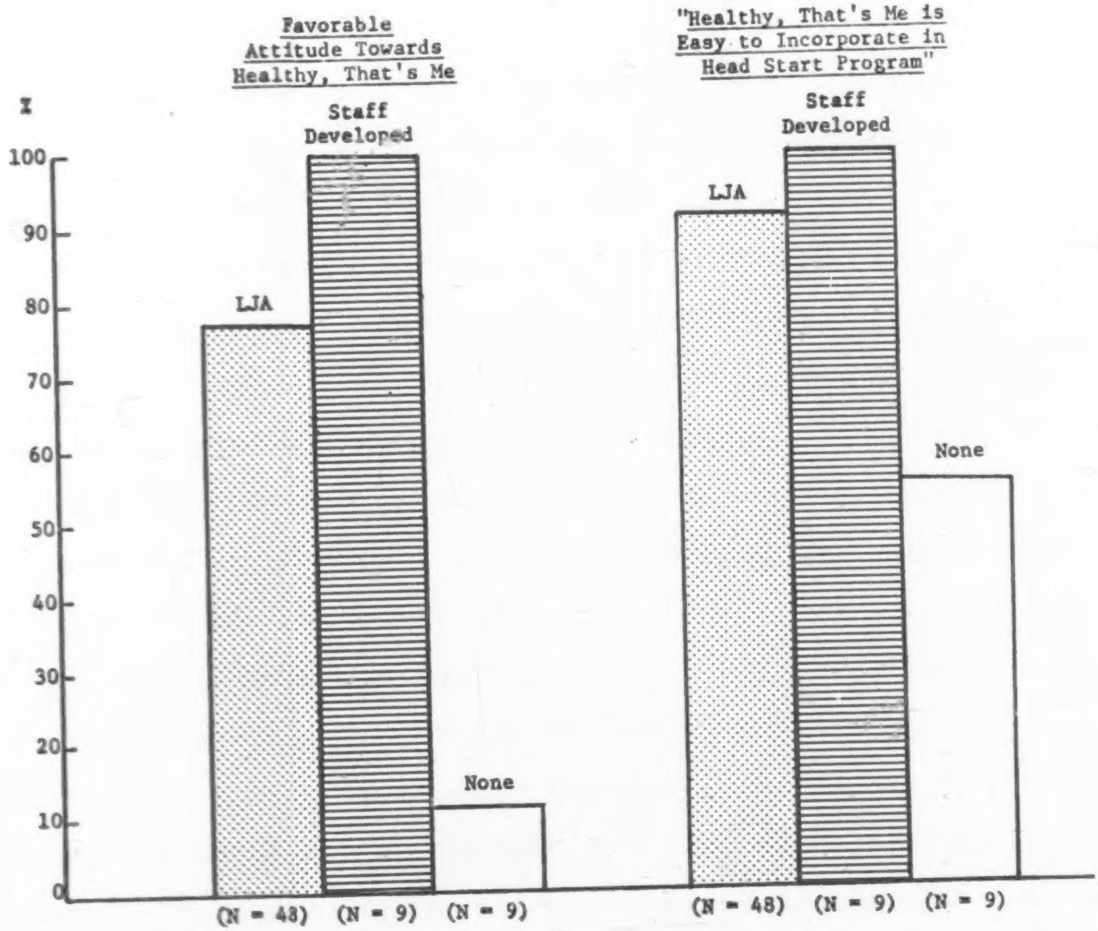
Chart V-2 also shows that staff training is related not only to staff attitudes towards the curriculum guide, but also to staff attitudes on their ability to incorporate Healthy, That's Me into the Head Start Program.[3] While the chart shows that Head Start staff trained in the use of Healthy, That's Me were more likely to feel that the guide can be easily incorporated into the Head Start Program than staff not trained in its use, we also have found that only those staff who had not received any training felt it was impossible to incorporate the Healthy, That's Me materials (see Table B-8, p. 117).

---

[3] Of course, ease of incorporation of a curriculum guide is not necessarily related to the impact of the materials.

Chart V-2

Proportion of Head Start "Experimental" Staff Who Are Favorable Towards Healthy, That's Me and Who Feel Healthy, That's Me Has Been Easy to Incorporate into Head Start Program, Related to Type of Staff Training



Note: This chart is based on data presented in Tables B-7 and B-8, pp. 116 and 117.

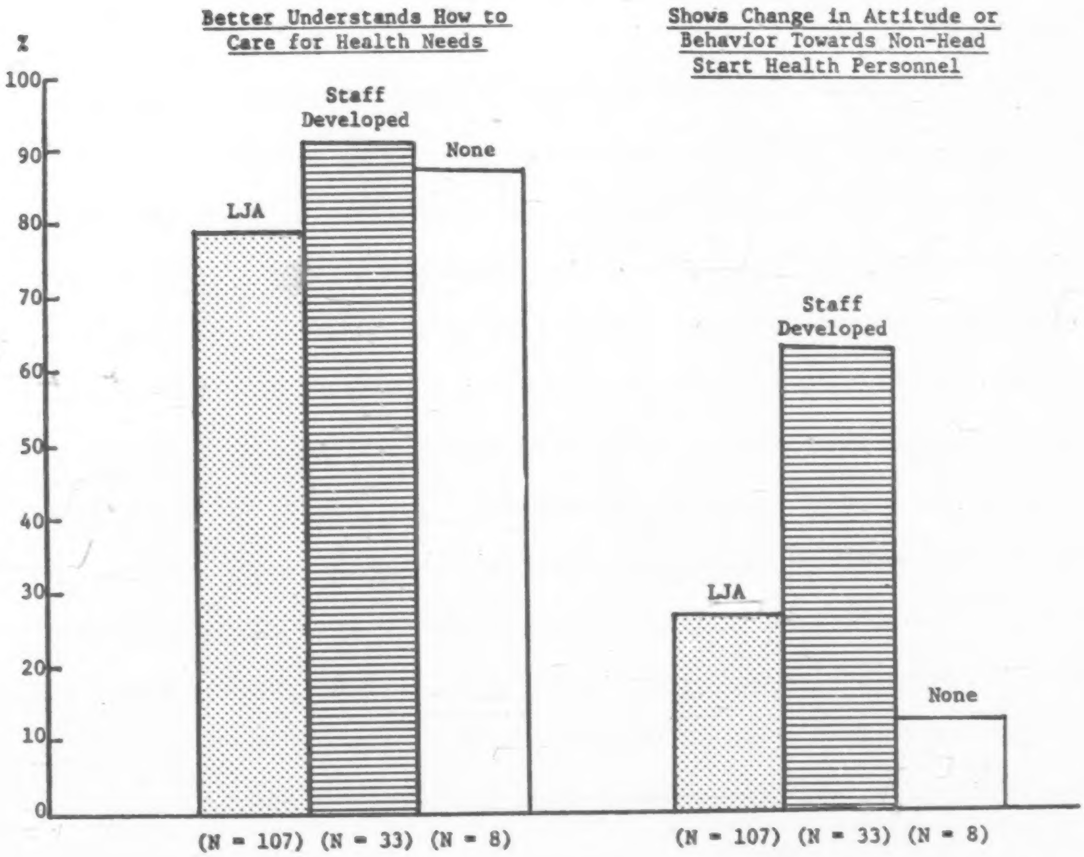
For example, in the area of teacher preparation to discuss health-related topics, teachers who received some type of staff training in the use of the curriculum guide were more likely to feel "well prepared" to discuss body parts and functions, home safety, and food and nutrition with their Head Start children than were those teachers who did not receive any training in the use of the guide. The data suggest that training of some type is better than none, except with regard to teacher reports of preparedness to discuss ethnic and racial differences and accident prevention.

To summarize our results, we have found training in the use of Healthy, That's Me is related to a more facile introduction of the curriculum guide and has generated more positive attitudes towards the guide and its use than has no training. Since Head Start teacher trainers in some OCD regions reported that the Lawrence Johnson and Associates training approach is more closely associated with successful use of the Healthy, That's Me materials than a staff developed training approach, while in other OCD regions teacher trainers reported that the reverse is true, we conclude that our findings support the principle of staff "training" vs. "no training", rather than one particular type of training. The findings presented thus far also indicate that Lawrence Johnson and Associates training was no more successful (and occasionally less successful) than staff developed training with respect to Head Start staff attitudes towards the Healthy, That's Me materials and staff reports on ease of incorporation of the materials (see Chart V-2).

In Chart V-3 we present data on the proportion of Head Start parents who believe their child better understands how to care for his/her health since enrolling in Head Start, related to type of staff training. An examination of the chart shows that, whether or not staff were trained, more than three-fourths of the parents believe their child better understands how to care for his/her health now than before entering the Head Start Program.

Chart V-3

Proportion of Head Start "Experimental" Parents Who Believe Their Child Better Understands How to Care for Health Needs Since Enrolled in Head Start and Who Report Changes in Child's Attitude or Behavior Towards Non-Head Start Health Personnel, Related to Type of Staff Training in Use of Healthy, That's Me



Note: This chart is based on data presented in Tables B-9 and B-10, pp. 118 and 119.

One possible explanation for the lack of a relationship between staff training and parent perceptions of changes in their child's understanding of how to care for his/her health is that, at most Head Start centers included in the study, staff reported working with children on a one-to-one basis when a health problem was identified. In addition, at all the centers, basic personal hygiene is a regular part of the Head Start Program. As a result, parents might be expected to perceive changes in their child's ability to care for his/her health needs irrespective of whether or not Head Start staff had received training in the use of particular health education materials.

Chart V-3 presents additional support for providing staff training in the use of Healthy, That's Me. We see that parents at centers where Head Start staff received training in the use of the curriculum guide were more likely to have noticed changes in the way their child feels or acts towards non-Head Start health personnel than parents at centers where Head Start staff were not so trained. More particularly, parents of children in centers where staff developed training was offered were most likely to have noticed changes in their child's attitude or behavior. Thus, Chart V-3 also indicates that Lawrence Johnson and Associates training was no more successful than staff developed training with respect to Head Start parent reports of changes in their child's understanding of how to care for his/her health needs since enrolled in Head Start and parent reports of changes in their child's attitude or behavior towards non-Head Start health personnel.

C. HEAD START STAFF SUGGESTIONS FOR CONTENT OF TEACHER TRAINING IN USE OF HEALTHY, THAT'S ME

The findings presented in this chapter provide the basis for our recommendation that staff training be a prerequisite for future introduction of Healthy, That's Me in the Head Start Program. Insofar as the substance of such training is concerned, Head Start staff interviewed have commented on what they feel such training should include. In addition to the frequently mentioned need for more guidance on ways to introduce the materials to parents (see p. 41), Head Start staff also suggested including a basic first aid course as part of the training; presenting more activities for use with Head Start children; offering more supplementary materials for use with the curriculum guide; designing the training to be more responsive to the needs of Head Start children, the characteristics of the area, and the information needs of the staff; and scheduling training so that staff will not have too much information to assimilate in too short a period of time.

D. COMPARISON BETWEEN PLANNED AND ACTUAL NUMBERS OF HEAD START TEACHERS AND CHILDREN INTRODUCED TO HEALTHY, THAT'S ME BY LAWRENCE JOHNSON AND ASSOCIATES AND STAFF DEVELOPED TRAINING APPROACHES, AND ASSOCIATED COSTS

The remainder of this chapter presents information on the costs of introducing Healthy, That's Me to Head Start staffs and children. We examine OCD costs incurred (and number of teachers and children reached) through the Lawrence Johnson and Associates training approach as planned and as it happened. While we discuss costs associated with staff developed training programs as well, we make no comparisons because only two of the

Head Start centers included in the "experimental" sample (N = 4 teachers) used a staff developed training approach.

1. Lawrence Johnson and Associates Training Approach

Looking first at costs associated with the Lawrence Johnson and Associates training program, we find that 445 Head Start staff were trained at OCD sponsored training sessions at the regional offices at a cost of $326.75 per "master trainer."[4] However, since only approximately 40 percent of the "master trainers" actually trained Head Start teachers in the use of Healthy, That's Me, our calculations are based on an estimated cost per "master trainer" of $678.75 (i.e., the cost as it happened).

A telephone survey of 73 randomly selected Head Start teacher trainers, conducted in March and April 1973, revealed that the "typical" teacher trainer trained 14 Head Start teachers in the use of Healthy, That's Me. In order to estimate the per teacher cost associated with the Lawrence Johnson and Associates training approach, we also asked Head Start centers in our sample to report costs they incurred in training teachers. The "typical" center spent about $9.00 to train each teacher, with the costs ranging from about $5.00 to slightly over $30.00 per teacher trained. These costs are affected by the number of Head Start staff and others involved in the training process, their salaries, the length of time devoted to training activities, and the amount of money spent on supplementary training materials.

Combining Lawrence Johnson and Associates costs with costs reported by "experimental" Head Start centers, we estimate that the cost per teacher trained (as it happened) was $57.58. If the "typical" Head Start teacher works with 20 children, the estimated training cost to introduce a child to Healthy, That's Me through the Lawrence Johnson and Associates training approach is $2.88. Based on our survey data, we estimate that approximately 2,500 Head Start teachers introduced approximately 50,000 children to the Healthy, That's Me materials through the Lawrence Johnson and Associates approach at a cost of approximately $58 per teacher and $3 per child.

---

[4] These costs are derived from the Lawrence Johnson and Associates contract which included expenses for Lawrence Johnson and Associates staff salaries, transportation, and training materials, as well as travel and per diem expenses for 153 of the 445 Head Start "master trainers."

Since the Office of Child Development's original intent was to introduce Healthy, That's Me to 100,000 children through the Lawrence Johnson and Associates training approach, it is useful to compare what happened to what was planned (i.e., the cost, given better management of who attended the training sessions). As noted above, only approximately 40 percent of the attendees at the Lawrence Johnson and Associates training sessions have trained either Head Start teachers or other Head Start staff (who then trained teachers) in the use of Healthy, That's Me.[5]

Looking at the Lawrence Johnson and Associates training approach as it actually happened, we see that the 100,000 Head Start children introduced to the curriculum guide could have been reached by this approach if the appropriate people had attended the training sessions. Of course, this assumes that sufficient copies of the materials would have been available for distribution as necessary. If the OCD sponsored training approach had been accomplished as planned, the cost per teacher trained and per child reached could have been reduced (to an estimated $32.44 per teacher trained and $1.62 per child reached--see Table V-3).

---

[5] In most cases, attendees at the Lawrence Johnson and Associates training sessions who did not train any Head Start teachers should not have been sent to the sessions in the first place. Teacher trainers interviewed in last year's evaluation said that as a result of lack of information about the Healthy, That's Me training sessions, the "wrong" persons often were sent to them (i.e., persons with no responsibility for the health education component). For a more complete discussion of this problem, and of Head Start teacher trainer reactions to the Lawrence Johnson and Associates training sessions, see Richard B. Zamoff and Katryna J. Regan, op. cit., pp. 37-51.

The data in Table V-3 are estimates of planned vs. actual Lawrence Johnson and Associates costs, and estimates of planned vs. actual numbers of Head Start teachers and children introduced to Healthy, That's Me by the Lawrence Johnson and Associates training approach.

Table V-3

Comparison Between Planned and Actual Numbers of Head Start "Experimental" Teachers and Children Introduced to Healthy, That's Me by LJA Training Approach, and Associated Costs

Estimate	LJA (As Planned)	LJA (As It Happened)
Number of Head Start teachers trained	5,000	2,500
Number of Head Start children reached	100,000	50,000
Cost per Head Start teacher trained	$32.44	$57.58
Cost per Head Start child reached	$ 1.62	$ 2.88

Taken together, data in Tables V-2 and V-3 allow us to conclude that about 50,000 Head Start children (i.e., half the projected number) were introduced to Healthy, That's Me by the Lawrence Johnson and Associates training approach while approximately 25,000 other Head Start children were introduced to the materials by teachers who were trained in the use of the guide by a staff developed method, and about 25,000 Head Start children were introduced to Healthy, That's Me by teachers who received no training in the use of the guide.

2. Staff Developed Training Approach

As might be expected, the costs associated with staff developed training are much lower than those associated with the Lawrence Johnson and Associates approach because staff developed training costs do not include extensive travel and related expenses. In the two centers in the "experimental" group where a staff developed training approach was used to introduce Healthy, That's Me, training costs were less than $7.00 per teacher. (One of the centers incurred costs slightly over $7.00 per teacher, while the other center incurred costs of just over $2.00 per teacher.) The difference in costs occurred because at one center four staff members conducted the training and spent approximately $200 on supplementary materials to be used in a workshop style training session. At the other center, the health coordinator did not have a formal workshop but met with her staff to discuss Healthy, That's Me and ways to use it.

As already mentioned, the cost of training a Head Start teacher in the use of Healthy, That's Me is affected by many factors, including the location of the training session, its content, and its format. A final factor related to cost data is the number of teachers trained at a given session. The more teachers who can be trained at one time, the lower the cost per teacher will be. There are certain obvious trade-offs. For example, by increasing the number of attendees at a training session, one runs the risk of not being able to address the needs of individual teachers or of one center as opposed to another. This is perhaps the single most frequently stated concern of planners of teacher training programs, and at the same time, often is mentioned by staff as a criticism of training programs that have been implemented.

CHAPTER VI

RECOMMENDATIONS

> An extensive evaluation of the (Healthy, That's Me) curriculum is being conducted by Urban Institute personnel. Their findings will assist in decision-making relative to revisions in the materials and to their more extensive distribution in the future.
>
> -- OCD Head Start Newsletter, October-November 1972

Carol Weiss has noted that a review of evaluation experience suggests that evaluation results have generally not exerted significant influence on program decisions.[1] Some of the reasons for her observation are obvious. Decision-makers respond to a host of factors besides evaluation results. Office of Child Development staff will be concerned with the political and organizational feasibility of the guide, with its acceptability to a wide variety of user groups, and with the availability of funding for future revisions of the guide and the printing of subsequent editions.

In this chapter we will not discuss the process of decision-making in the Office of Child Development. Obviously a variety of factors and circumstances (some beyond the control of OCD) will determine the possibilities for the implementation of the recommendations based on our findings. We would note, however, that future Head Start reactions to Healthy, That's Me are likely to be related to Office of Child Development responsiveness to the suggestions of user groups and to OCD involvement of Head Start staff and parents, regional office staff, and teacher trainers in future revisions of the Healthy, That's Me materials.

---

[1] Carol H. Weiss, "Utilization of Evaluation: Toward Comparative Study," paper presented at the American Sociologial Association meeting, Miami Beach, Florida, September 1, 1966.

Since this report has related information on Head Start experience with Healthy, That's Me during the second program year to a set of policy questions of interest to OCD, our recommendations are organized in categories that can be associated with these policy questions: recommendations related to the expansion of the use of Healthy, That's Me to additional Head Start centers and/or day care centers; recommendations related to the necessity of additional revisions of Healthy, That's Me; and recommendations related to the adoption of appropriate strategies for future training of Head Start teachers in the use of Healthy, That's Me. This chapter also includes operational recommendations designed to improve OCD's capacity to systematically evaluate the curriculum guide's impact on an ongoing basis.

A. RECOMMENDATIONS RELATED TO EXPANDING THE USE OF HEALTHY, THAT'S ME

We recommend that the health education curriculum guide be made available for use by all Head Start centers and selected day care centers[2] during FY 1974. While evidence of the impact of Healthy, That's Me on Head Start staff, parents, and children is not entirely favorable (see pp. 68-71), we believe that enough evidence exists to support the expansion of the use of the curriculum guide: on Head Start staff and parent acceptance of the Healthy, That's Me materials and the philosophy behind them (see pp. 23-26 and 34-36); on the impact of the materials with respect to a number of items

---

[2] If this recommendation is adopted, OCD will need to specify criteria for the selection of day care centers to receive the curriculum guide (e.g., age of children, existence/non-existence of health education component, etc.).

(see pp. 68-71) and with respect to increasing awareness of the importance of health education activities and related parent and staff responsibilities (see p. 34 and pp. 42-43); and on the need for a health education emphasis in Head Start (see p. 56 and pp. 70-71). In addition, the low cost of training Head Start staffs in the use of Healthy, That's Me, and of introducing the curriculum guide to Head Start children (see pp. 85-86), lead us to conclude that making Healthy, That's Me available to all Head Start centers and to selected day care centers would represent a relatively low risk, potentially high yield OCD investment.

1. A teacher training component should be a prerequisite for introducing the curriculum guide to Head Start staffs and to day care center staffs (see section C below).

2. OCD should require Head Start centers and day care centers receiving the curriculum guide to provide headquarters with basic information on staff and parent utilization of the materials, and reactions to them. This feedback would provide valuable information on the curriculum guide's use in the field and would help develop the capacity to evaluate the curriculum guide's future impact.

B. RECOMMENDATIONS RELATED TO REVISIONS OF HEALTHY, THAT'S ME

Any curriculum guide should be subjected to systematic, ongoing scrutiny as to content, the ease with which materials can be understood and incorporated, and their acceptance by teachers, parents, and children. In our judgment the information contained in earlier Urban Institute reports to the Office of Child Development, and reemphasized in this report, supports the following recommendations directed toward substantive and organizational revisions of Healthy, That's Me:[3]

1. The Office of Child Development should develop a detailed statement of the philosophy behind the children's book for mailing to subsequent users. This statement should be more responsive to potential criticisms of a "student workbook" than the one offered on the inside cover of the children's book. One frequent comment from Head Start and regional office staffs was the desirability of distributing the book in a form that facilitates removing material for special emphasis, discarding inappropriate material, or rearranging the material included (see p. 39).

2. Parent handbooks should be accompanied by specific guidelines for their use. Mention is made of how not to introduce these materials to parents, but much more is desired in the way of detailed instructions on how to use them (see p. 41).

3. The Office of Child Development should revise Healthy, That's Me based on a review of the strengths and weaknesses most frequently identified

---

[3] The first three recommendations also were offered in last year's report. They are repeated in this section because they reflect the frequent observations and comments of a large number of Head Start respondents during this year's evaluation.

by Head Start staff, teacher trainers, and parents (see pp. 34-44):

a. The teacher's manual should be revised so that it is more appropriate for use with three to five year olds (see p. 36). The Office of Child Development should suggest materials and activities appropriate for use with pre-school children of different ages. OCD should explore the possibility that much of the Healthy, That's Me material, which is too advanced for three to five year olds, could be useful to Title I schools.

b. The teacher's manual should be more specifically concerned with topics Head Start staff, teacher trainers, and parents believe need more emphasis--e.g., mental and emotional health, normal stages of child growth and development, and first aid (see p. 44).

c. The teacher's manual should be edited to account for the fact that some of the teaching materials suggested are not available to Head Start staffs and some of the resource materials suggested are out of date (see pp. 36-37).

d. The teacher's manual should include additional and more appropriate information on the life styles and living conditions of Head Start children (see p. 37).

e. The teacher's manual should provide more information on working with Head Start parents (see p. 37).

f. The teacher's manual should include specific guidance for the introduction and use of the parent handbooks (see p. 41).

g. The children's book should be revised so that drawing activities are more appropriate for use with pre-school children. A number of blank pages should be included in the children's book for non-directed drawing (see p. 38).

h. The children's book should include other activities--e.g., cutting and pasting, punch-outs, matching, pictures for discussion (see pp. 38-39), and should be put in a form that permits the removal and replacement of pages (see p. 129).

i. The parent handbooks should present more detailed information on topics Head Start parents believe need more emphasis--e.g., nutrition education and normal stages of child growth and development (see pp. 134-137).

j. The parent handbooks should include more illustrations and make use of more realistic pictures (see p. 40).

k. The Office of Child Development should explore the possibility of producing different versions of the parent handbooks, to account for a wide range in Head Start parent literacy (see p. 39).

l. The parent handbooks should be accompanied by a folder in which to keep them, or should be combined into one book (see p. 42).

4. Any follow-up assessment of Healthy, That's Me undertaken by the Office of Child Development should systematically obtain the suggestions of a representative sample of Head Start staff, teacher trainers, and parents for revisions of the curriculum guide, based on greater utilization of the materials. These groups should work cooperatively with OCD early childhood education specialists on subsequent revisions of the materials.

C. TEACHER TRAINING RECOMMENDATIONS

Since systematic variation in training in the use of the health education curriculum guide never was introduced by the Office of Child Development, it is impossible to state with certainty how much teacher training (if any) and at what cost is associated with the successful implementation of Healthy, That's Me. Nevertheless, our findings support the general recommendation that a teacher training component should be a prerequisite for introducing the health education curriculum guide to Head Start staffs (see pp. 73-82). More specifically, the following recommendations are based on our study findings:

1. The Office of Child Development should continue to sponsor a "master trainer" approach of the type offered in 1971-72. While other training approaches are possible, the "master trainer" approach represents a logical, systematic way of reaching the maximum number of Head Start staff through their regional offices. Training should be provided only to Head Start teachers and others responsible for the curriculum guide's introduction to children and parents, or to those directly responsible for the training of these Head Start staff. Training should emphasize specific techniques that can be adapted for use at the project level.

2. While we endorse the concept of a "master trainer" approach, in the future OCD should not necessarily support the Lawrence Johnson and Associates training offered in 1971-72. The data indicate that although Head Start staff training in the use of Healthy, That's Me is better than no training (see p. 80), the Lawrence Johnson and Associates training has been no more successful (and occasionally less successful) than staff developed training with respect to Head Start staff acceptance of the Healthy, That's Me materials (see pp. 78-80) and Head Start parent reports of changes in their children's health-related behaviors and attitudes (see pp. 80-82).

3. The Office of Child Development should specify the objectives of the training to be provided for Head Start staff, including the identification

of intended recipients, well in advance of the training (which did not happen with OCD sponsored training in 1971-72). In addition, an adequate supply of materials to be used at the training sessions should reach participants in advance of the sessions (which also did not happen with OCD sponsored training in 1971-72).

4. The Office of Child Development should monitor a sample of teacher training sessions in the use of Healthy, That's Me to ensure that the goals of the health education curriculum guide and the training requirements of the Office of Child Development are being met. The national or regional offices should be provided with information on training sessions (e.g., number of trainees, reactions to training, and subsequent utilizations of the materials) in order to make training in the use of the curriculum guide more responsive to the needs of Head Start staffs.

5. Specific guidelines for use of the Healthy, That's Me parent handbooks should be included in any training offered. The Office of Child Development should make certain that the training approaches used give appropriate emphasis to the parent handbooks as well as to the teacher's manual and children's book (which did not happen with OCD sponsored training in 1971-72). Special attention should be devoted to more effective ways of reaching Head Start parents (see pp. 30-32).

D. OPERATIONAL RECOMMENDATIONS

1. Future directives and guidelines about Healthy, That's Me should be clear, especially in regard to the curriculum guide's objectives. For

example, the Office of Child Development never has clarified the highest priority objectives for the health education curriculum guide (e.g., among the following possible goals: improving the health of children as measured by such indicators as days absent from Head Start, obtaining of required health and dental care, immunization status, etc.; improving parent knowledge of the health care system; changing parent behaviors in obtaining health care for their children; changing child attitudes towards health services and health professionals; and increasing the health knowledge of Head Start staff and/or parents).

2. Since many Head Start staff members continue to have inaccurate perceptions of the content and chronology of the development of the health education curriculum guide, the Office of Child Development should prepare for distribution to Head Start grantees a brief description of the development of Healthy, That's Me. The description should specifically mention: that the materials being distributed are different both substantively and organizationally from those developed and introduced during 1970-71; that Head Start experience with the Healthy, That's Me materials has been evaluated during 1971-72 and 1972-73; and that revisions in the curriculum guide have been based on Head Start staff and parent feedback provided during these evaluations (if, in fact, this occurs).

3. Regional offices should receive sufficient copies of Healthy, That's Me to distribute to those chosen to attend future training sessions, prior to the date of the sessions (which did not happen with OCD sponsored training in 1971-72). If OCD decides to reprint the curriculum guide, a sufficient supply of teacher's manuals, children's books, and parent handbooks should be printed and kept at Office of Child Development regional offices for this purpose.

a. Additional copies of the teacher's manual, children's book, and parent handbooks should be printed for delivery to Head Start grantees requesting copies for introduction in their centers.

b. Additional copies of the teacher's manual, children's book, and parent handbooks should be revised (see section B above) and printed to anticipate Head Start staff demand during 1973-74. Regional offices should be surveyed immediately to develop estimates of Head Start demand for Healthy, That's Me during 1973-74.

4. The Office of Child Development should obtain up-to-date information on Head Start efforts to translate the Healthy, That's Me parent handbooks into Spanish, and should assess parent preferences for different translated versions in different OCD regions (see p. 40).[4]

---

[4] As we indicated in Chapter III (see pp. 40-41), at least two efforts at a Spanish translation of (parts of) Healthy, That's Me have been identified. A comparative assessment seems crucial to account for regional variations in word usage (e.g., California vs. New Mexico vs. Spanish Harlem) and for variations of the Spanish language itself (e.g., Mexican vs. Puerto Rican vs. Cuban Spanish).

APPENDIX A

PROCEDURES USED IN SAMPLING AND DATA COLLECTION

APPENDIX A

This appendix outlines the steps included in the development of the interview samples and subsequent data collection and analysis:

1. Interviews with each of the 53 Head Start directors contacted during the first year's evaluation were reviewed. Head Start centers were classified according to extent of use or expected extent of use of the health education curriculum guide with children and parents, geographic location served by the center, number of children served, predominant racial or ethnic group represented by the children, center's opening and closing dates, and type of training received by teachers in the use of the curriculum guide.

2. In each of the ten Office of Child Development regions and in the Indian and Migrant Program Division, the Head Start center using or expecting to use the curriculum guide most extensively was identified. These eleven centers constitute the "experimental" group in this year's evaluation.[1]

3. In each of the Office of Child Development regions and in the Indian and Migrant Program Division the Head Start centers not using the curriculum guide were identified. In each location a center serving children similar to the "experimental" center was selected. These eleven centers constitute the "comparison" group in this year's evaluation.[2]

---

[1] The "experimental" centers selected for evaluation in the second program year are identified in Chapter II, pp. 17-18. Data on opening and closing dates, number of enrolled children, and predominant racial or ethnic group can be found in Table A-1.

[2] The "comparison" centers selected for evaluation in the second program year are identified in Chapter II, pp. 17-18. Data on opening and closing dates, number of children served, and predominant racial or ethnic group can be found in Table A-1.

4. Four additional centers were added to the study, to be visited on a "post only" basis (in order to estimate the effects that the fall site visit and interviewing might have on the responses of Head Start staff and parents in the spring). One Head Start center not using the Healthy, That's Me curriculum guide was chosen from each of three Office of Child Development regions and one center was chosen from the Indian and Migrant Program Division. Each center selected serves children with demographic characteristics similar to those in the "experimental" and "comparison" centers in the region.[3]

5. Each of the "experimental" and "comparison" Head Start centers was site visited by a member of The Urban Institute project staff in September-October, 1972 and again in March-April, 1973. Each of the "post only" comparison centers was site visited in March-April, 1973. The two principal activities of the site visit were:

a. A Head Start parent was trained to administer interviews to other Head Start parents.[4] The substance of the interview questions involved attitudes toward the Healthy, That's Me parent handbooks, knowledge about first aid procedures and childhood illnesses,[5] and information on health-related attitudes and behaviors of Head Start parents and their children.

---

[3] The four "post only" comparison centers selected are identified in Chapter II, p. 17. Parents from the De La Warr Head Start Center ("pre-post comparison") in New Castle, Delaware also were interviewed on a "post only" basis since they had not been subjected to any measurement in the fall. Data on opening and closing dates, number of children enrolled, and predominant racial or ethnic group can be found in Table A-1.

[4] In several Head Start centers, we worked with more than one parent interviewer. Some parents were unable to complete all the interviews or to interview in both the fall and spring because of conflicting commitments. A few parents were replaced based on an examination of work completed.

[5] Both parents and teachers were asked questions about their knowledge of childhood illnesses. However, teachers were asked to provide specific information on prevention, symptoms, and communicability of various childhood illnesses, while parents were asked which childhood illnesses they had learned more about (and what they had learned) since their child had enrolled in Head Start.

b. Interviews were administered to Head Start staff. A total of 122 Head Start staff were interviewed by members of the project staff in the fall, and 110 in the spring. The substance of the interview questions involved attitudes and opinions about the use of Healthy, That's Me and suggestions for revisions (based on experience with the curriculum guide), knowledge about first aid procedures and childhood illnesses,[6] and information on health-related attitudes and behaviors of Head Start children.

6. A random sample of twenty parents at each of the "experimental" and "comparison" centers, and twenty-five parents at each of the "post only" comparison centers was selected from lists supplied by Head Start directors. Head Start parent interviewers administered interviews to parents at the centers included in the study. Interviews were completed with 471 Head Start parents (368 on a "pre-post" basis and 103 on a "post only" basis).[7]

7. Urban Institute project staff telephoned Head Start parent interviewers to check on progress, correct interviewer errors, and encourage mailing of supplementary materials (e.g., contracts, time sheets, and completed interviews).

8. Urban Institute project staff validated 10 percent of the completed parent interviews by telephone from The Urban Institute.[8]

---

[6] See footnote 5.

[7] Since five parents were interviewed concerning more than one child enrolled in Head Start, information was provided for 476 children.

[8] For a more complete discussion of the methodological advantages of telephone interviewing (and its successful use in the first year's evaluation) see Richard B. Zamoff and Katryna J. Regan, op. cit., pp. 70-72.

9. Sixty-seven teacher trainers interviewed in the first year of our study were re-interviewed to determine how much training they had given in the use of Healthy, That's Me, and to obtain their perceptions on how easy the curriculum guide was to incorporate into the Head Start Program (both with and without training). Teacher trainers also were asked to identify Head Start centers using the Healthy, That's Me materials extensively with parents.[9]

10. A "substudy" was designed to involve parents in Head Start projects where the Healthy, That's Me parent handbooks were being used extensively (other than those already in our "experimental" group). Head Start centers included in the substudy represent a variety of racial and/or ethnic groups. The major aim of the substudy was to elicit additional suggestions for revisions of the seven parent handbooks. Projects added to the evaluation for this purpose were:

Region I: Penobscot, Maine Health Start Project

Region IV: Full Year/Full Day Head Start Center; Bowling Green, Kentucky
Elkin, North Carolina Head Start Center
Mary C. Jones Head Start Center; Jackson, Mississippi
Bolton Head Start Center; Jackson, Mississippi
Welcome Head Start Center; Jackson, Mississippi
Terry Head Start Center; Jackson, Mississippi

---

[9] At this point in the evaluation, it had become clear that many parents in the "experimental" Head Start centers had not seen (or had not used) the parent handbooks, or had used them only superficially. In three of the eleven "experimental" centers less than half the 20 parent interviews were completed. For a more complete discussion of problems associated with the distribution of the parent handbooks see Chapter III, pp. 32-34.

In order to provide some assurance that the part of our report dealing with Head Start parent reactions to the parent handbooks would reflect the opinions of a number of parents who actually had used the handbooks, it was considered appropriate to identify Head Start centers using the parent handbooks extensively. We considered teacher trainers the best source of such information.

Region V:	Hillsdale Head Start Center; Osseo, Michigan
Region VI:	Red Oak Head Start Center; Red Oak, Oklahoma Lutie Head Start Center; Wilberton, Oklahoma
Region VII:	Linn Head Start Center; Topeka, Kansas Grant Head Start Center; Topeka, Kansas Quinton Heights Head Start Center; Topeka, Kansas Belvoir Head Start Center; Topeka, Kansas
Region VIII:	Durango Head Start Center; Durango, Colorado
Region X:	Auburn, Washington Head Start Center
IMPD:	Soco Day Care Center; Cherokee, North Carolina Big Cove Day Care Center; Cherokee, North Carolina Birdtown Head Start Center; Cherokee, North Carolina Snowbird Head Start Center; Cherokee, North Carolina

The projects identified above were asked to supply names and phone numbers of parents most familiar with the Healthy, That's Me parent handbooks. A total of 114 parents were interviewed in the substudy.[10] Many of the interviews were conducted by telephone from The Urban Institute. At three sites where it was impossible or infeasible to conduct phone interviews, questionnaires were mailed to Head Start or Health Start staff, delivered to parents, and returned to The Urban Institute. Parents' suggestions for revisions of the Healthy, That's Me parent handbooks are included in Chapter III and Appendix C.

---

[10] The number of parents interviewed from a given location ranged from one to thirty-six.

Table A-1

Descriptive Information on "Experimental" and "Comparison" Head Start Centers Selected for Evaluation in Second Program Year

EXPERIMENTAL

	Center City and State	Director or Head Teacher	Opening Date	Closing Date	Date Visited Fall, 1972	Date Visited Spring, 1973	Number of Children	Racial/ Ethnic Majority
I	Brockton Head Start Center Brockton, Massachusetts	Elfreda Wayne	Oct. 5	June 16	Oct. 17	April 13	142	White
II	Trinity Head Start Center Newark, New Jersey	Josephine Jennifer	Sept. 6	June 30	Oct. 3	April 10	20	Black
III	Rolfe Head Start Center Worth, West Virginia	Helen Caton	Sept. 5	May 31	Oct. 13	April 18	43	Black
IV	American Legion Head Start Center Williamston, North Carolina	Anne Pearson	Aug. 28	June 30	Oct. 20	April 16	40	Black
V	Broadway Head Start Center South Bend, Indiana	Ruth Bell	Oct. 2	June 7	Oct. 19	April 12	78	Black
VI	Batesville Head Start Center Batesville, Arkansas	Deltha Sharpe	Sept. 5	April 30	Sept. 25	March 28	29	White

EXPERIMENTAL (cont.)

	Center City and State	Director or Head Teacher	Opening Date	Closing Date	Date Visited Fall, 1972	Date Visited Spring, 1973	Number of Children	Racial/ Ethnic Majority
VII	Banneker Head Start Center Kansas City, Missouri	Norma Busch	Sept. 20	May 11	Sept. 26	April 11	186	Black
VIII	R2-J Head Start Center Loveland, Colorado	Harold Ferguson	Oct. 2	May 31	Oct. 20	April 9	51	White, Mexican-American
IX	Alum Rock Head Start Center San Jose, California	Ernestine Jernigan	Sept. 28	June 15	Sept. 29	April 2	40	Mexican-American
X	Columbia Annex Head Start Center Seattle, Washington	Daisy Dawson	Sept. 11	June 14	Sept. 26	April 9	61	Black
IMPD	Towaoc Head Start Center Towaoc, Colorado	Darlein Bauer	Sept. 6	April 30	Sept. 19	March 29	38	Indian

COMPARISON, "PRE-POST" GROUP

	Center City and State	Director or Head Teacher	Opening Date	Closing Date	Date Visited Fall, 1972	Date Visited Spring, 1973	Number of Children	Racial/ Ethnic Majority
I	Lebanon Head Start Center Lebanon, New Hampshire	Sally Marcott	Oct. 2	June 15	Oct. 16	April 17	27	White
II	South Jamaica Center for Children and Parents Jamaica, New York	Robert Smith	Full year	Full year	Oct. 4	April 11	60	Black
III	De La Warr Head Start Center New Castle, Delaware	Sylvia Creekmur	Sept. 11	May 25	Sept. 29	March 30	105	Black
IV	Liberty City Head Start Center Miami, Florida	Bennette Lumpkin Virginia Bostic	Sept. 5	June 15	Sept. 22	March 23	144	Black
V	Broad Street Day Care Center Columbus, Ohio	Virginia Sullivan Ada Stevenson	Sept. 5	Aug. 30	Sept. 28	March 27	65	Black
VI	San Jose Child Development Center Austin, Texas	Ramona Sosa	Full year	Full year	Oct. 9	April 12	61	White, Mexican-American

COMPARISON, "PRE-POST" GROUP (cont.)

	Center City and State	Director or Head Teacher	Opening Date	Closing Date	Date Visited Fall, 1972	Date Visited Spring, 1973	Number of Children	Racial/ Ethnic Majority
VII	Kechi Head Start Center Kechi, Kansas	Ruth Nathan	Aug. 30	June 1	Sept. 27	April 10	27	Black, White
VIII	Central City Head Start Center Salt Lake City, Utah	Edward Owens	Full year	Full year	Sept. 18	April 10	65	Black, White, Mexican-American
IX	La Colonia Head Start Center Parlier, California	Mary Guajardo	Full year	Full year	Sept. 28	April 5	41	Mexican-American
X	Central Day Care Center Spokane, Washington	Donna Perno	Full year	Full year	Sept. 25	April 10	51	White
IMPD	Rosebud Head Start Center Rosebud, South Dakota	Francis Whitebird Mona Shepherd	Sept. 5	May 25	Sept. 21	April 2	36	Indian

COMPARISON, "POST ONLY" GROUP

	Center City and State	Director or Head Teacher	Opening Date	Closing Date	Date Visited Spring, 1973	Number of Children	Racial/ Ethnic Majority
I	Montpelier Child Care Center Montpelier, Vermont	Kipton Tewksbury	Full year	Full year	April 16	26	White
V	Melton Head Start Center Gary, Indiana	Elizabeth McKibbin	Sept. 27	June 13	April 3	135	Black
IX	Pajaro Head Start Center Watsonville, California	Larry Roscoe	Sept. 13	June 6	April 3	29	Mexican-American
IMPD	Mescalero Head Start Center Mescalero, New Mexico	Velma Kanseah	Aug. 27	June 1	April 6	50	Indian

APPENDIX B

SUPPLEMENTARY TABLES

Table B-1

Head Start "Experimental" Staff Attitudes Towards Healthy, That's Me

Attitude	Fall 1972 %	Spring 1973 %
Favorable	73.1	71.2
Unfavorable	2.6	0.0
Don't know, can't say, neither favorable nor unfavorable	24.4	28.8
N	78	66

Table B-2

Head Start "Experimental" Staff Attitudes on Their Ability to Incorporate Healthy, That's Me into Head Start Program

Attitude	Fall 1972 %	Spring 1973 %
Very easily	20.5	30.3
Fairly easily	41.0	57.6
Not easily	2.6	0.0
Not at all	0.0	3.0
Don't know, not applicable	35.9	9.1
N	78	66

Table B-3

Head Start "Experimental" Staff Attitudes on Extent of Preparation for Use of Healthy, That's Me with Parents and Children

Attitude	Fall 1972		Spring 1973	
	With Parents %	With Children %	With Parents %	With Children %
Well prepared	34.6	44.9	6.1	15.2
Average preparation	14.1	24.4	43.9	59.1
Poorly prepared	34.6	9.0	30.3	15.2
Doesn't work with parents and/or children	16.7	21.8	19.7	10.6
N	78	78	66	66

Table B-4

Head Start "Experimental" Parent Attitudes Towards
Healthy, That's Me Parent Handbooks

Attitude	"Your Part as a Parent in Healthy, That's Me" %	"Your Family" %	"Americans All" %	"Making It Easier to Keep Healthy at Home" %	"Your Growing Child" %	"Dealing with Family Upsets" %	"Your Child's Health" %
Very useful	19.0	14.3	12.9	19.0	10.9	10.2	11.6
Somewhat useful	11.6	12.9	9.5	10.2	5.4	8.2	4.1
Not useful	0.0	1.4	2.0	0.0	1.4	0.7	0.0
Have not received	57.1	60.5	64.6	59.8	71.4	69.4	74.1
Don't know, have not used	12.2	10.9	10.8	10.9	10.9	11.6	10.2
N	147	147	147	147	147	147	147

Table B-5

Head Start Parent Reports of Toothbrushing Habits of Children

Toothbrushing Habits	Fall 1972		Spring 1973	
	Experimental %	Comparison %	Experimental %	Comparison %
After breakfast	16.9	20.0	15.5*	24.8*
Before bed	18.0	19.5	18.9	17.0
After breakfast and before bed	44.3	51.6	56.8*	46.4*
At other times	13.1	5.3	6.1	10.4
Never	5.5	2.1	2.7	1.3
No answer	2.2	1.6	0.0	0.0
N	183	190	148	153

*Significant difference at the .10 level.

Table B-6

Head Start "Experimental" Teacher Attitudes on Usefulness of Training in Use of Healthy, That's Me in Helping Them Work with Parents and Children

Attitude	With Parents %	With Children %
Very useful	12.9	25.8
Somewhat useful	32.2	38.7
Not useful	16.1	3.2
No specific training received	25.8	32.2
No answer	6.4	0.0
N	31	31

Table B-7

Head Start "Experimental" Staff Attitudes Towards Healthy, That's Me, Related to Type of Staff Training

Attitude	Type of Training LJA %	 Staff Developed %	 None %
Favorable	77.1	100.0	11.1
Unfavorable	0.0	0.0	0.0
Neither favorable nor unfavorable	22.9	0.0	88.9
N	48	9	9

Table B-8

Head Start "Experimental" Staff Attitudes on Their Ability to Incorporate Healthy, That's Me into Head Start Program, Related to Type of Staff Training

	Type of Training		
Attitude	LJA %	Staff Developed %	None %
Very easily	37.5	22.2	0.0
Fairly easily	54.2	77.8	55.6
Not at all	0.0	0.0	22.2
Don't know, not applicable	8.3	0.0	22.2
N	48	9	9

Table I-9

Proportion of Head Start "Experimental" Parents Who Believe Their Child Better Understands How to Care for Health Needs Since Enrolled in Head Start, Related to Type of Staff Training in Use of Healthy, That's Me

	Type of Training		
Has Better Understanding	LJA %	Staff Developed %	None %
Yes	79.2	90.9	87.5
No	20.8	9.1	12.5
N	107	33	8

Table B-10

Head Start "Experimental" Parent Reports of Changes in Child's Attitude or Behavior Towards Non-Head Start Health Personnel, Related to Type of Staff Training in Use of Healthy, That's Me

Noticed Changes	Type of Training LJA %	 Staff Developed %	 None %
Yes	26.2	63.6	12.5
No	73.8	36.4	87.5
N	107	33	8

APPENDIX C

HEAD START STAFF AND PARENT SPECIFIC COMMENTS ON AND DETAILED SUGGESTIONS FOR REVISIONS OF HEALTHY, THAT'S ME

APPENDIX C

This appendix presents comments on the Healthy, That's Me curriculum guide received from Head Start staff, teacher trainers and parents, as well as their detailed suggestions for changes in the teacher's manual, children's book, and parent handbooks.[1] This information was collected during the summer and fall of 1972 and during the spring of 1973.

1. Comments and Suggestions for Changes in the Teacher's Manual

a. Unit I-"All About Me"

- Should be less detailed and more simplified. (S)
- Language should be translated into simpler terms; it is too complicated now. (S)
- Some material too advanced for four year olds. (S)
- Needs more practical information on how child can get to know himself. (S)
- Song is not simple enough melody for children to sing, not enough repetition; song should be put to familiar tune and actions added to go with it. (S)
- More ideas should be given on what materials to use in the classroom to represent objects in the home or community. Audio-visual aids (e.g., records, transparencies, filmstrips) should be developed to use along with the curriculum guide. (S)
- Should include more ideas on helping children develop, express, and handle emotions, especially destructive attitudes encountered at home; perhaps include the use of pictures. (S)

---

[1] At the end of each comment or suggestion, we indicate if the observation was most likely to have been made by Head Start directors (D), by Head Start staff (S), by teacher trainers (T), or by Head Start parents (P).

- Emotions should be taught on day to day basis as they come up; children don't understand abstract discussion. (S)

- Page 18, muscles need to be learned by play, not by discussion. (S)

- Should include a program for working with perceptual and motor skills and carry it through other units. (S)

- Page 20, should include more emphasis on individual control over body. (T)

- Page 20, discussion of excretion, waste materials and body parts is much too complicated and should be simplified. (S)

- Page 20, respiration discussion is on too high a level and not meaningful for four year olds. (S)

- Page 20, should include more ideas and specific instructions about materials and activities that teachers can use to teach about the five senses. (S) (D)

- Section on blood vessels, blood, and heart beating is too detailed and abstract. Better to let children's questions guide discussions, rather than present abstract lessons. (S)

- Needs to be simplified. Things like "behind me" and "in front of me" are more important than internal parts of the body for this age group. (S)

- Correct names for body parts and functions is over children's heads and amusing to those who can't associate correct terms. (S)

- The section on body parts should include more discussion and pictures of the liver and heart. (T)

- Page 22, asking a child how he would move if he had no limbs is poorly worded and too negative. (S)

- The section on sex education is too advanced. (D)

- Sex education should be omitted because of parental attitudes. It should be presented to the parents to get their approval before presenting it to the children. It should be handled on an individual basis and not presented in the classroom. (S)

- Sex education should be presented in the child's home; some parents object to the use of correct terminology. (T)

b. Unit II-"Me and My Folks"

- Too structured. (S)

- Too advanced. (S)
- Too superficial. (T)
- Too much reading matter; should be in outline form and use shorter paragraphs. (T)
- Should use all five senses when teaching. (D)
- Should include use of visual aids. (D)
- Should add materials to preserve heritage. Should include activities children hear of but never do, such as handquilting and making cornhusk dolls. (T)
- Too vague. No clear directions for teachers on how to deal with races leads to presentation of stereotypes. (D)
- Too "white". (T)
- The facts presented are incomplete. Subject matter needs careful treatment since many adults use this to shape their own ethnic awareness. (T)
- Emphasizes racial differences too much. Unnecessary to point out racial differences at this age. Children are just learning about boy/girl differences and can't understand racial and ethnic differences. (S) (T)
- Treatment of history is too deep; Ethiopia and ancient history are too obscure. "Famous people" are irrelevant; children don't understand concept of past or people from the past. Needs more suggestions for implementation. (S)
- Concept of nation is too abstract. Should discuss local level people and characteristics instead. (S)
- Page 27, should eliminate the idea that America should be "melting pot" of all cultures. Should stress importance of appreciating different cultures and encouraging cultural differences. (S)
- Poor selection of specific ethnic groups: should not use white people from Appalachia as the only example of whites; poor choice of heroes; should not just single out a few groups. (T)
- Contributions of ethnic groups (pages 32-44) is misleading and incomplete. It "whitewashes." Needs to be more specific and more honest. Should include Bury My Heart at Wounded Knee. Needs more complete list of ethnic heroes. (T)

- Should include more on Indian culture. (T)
- Ethnic discussion of Indians is unrealistic (e.g., West Coast Indians are different from those who live in other parts of the country). (S)
- Should eliminate stereotypes, especially of American Indian. Should discuss ways to deal with misconceptions children pick up from T.V. (take out Jay Silverheels under "Entertainment and Arts" because "Tonto" represents an outdated stereotype). Page 28, should include primary references on American Indian: Custer Died for Your Sins, by Vine Deloria, Jr. and Touch the Earth. (S)
- Section on Mexican-Americans is not true reflection of the culture. (S)
- Sections describing life styles of black Americans should be more realistic. (D)
- Unrealistic representation of life style of children who are raised by older people (e.g., grandparents) which results in changing traditional family relationships. Should include more emphasis on fact that a family is not always mother-father-children (page 30). (T)
- Should deal with one parent families and foster parents, and how to give a child a sense of order when he/she feels something is missing. (S)
- The section on family members also should deal with the occupation of each parent and his/her role in the community; all are good occupations, but each related to different family life style. (D)
- Should include more contemporary pictures of how ethnic groups live. (S)
- Concrete experiences are needed. Words or pictures of ethnic groups alone are meaningless in some rural areas. (T)
- Page 49, G13, change "Italian" to "Spanish" in referring to list of words. (S)

c. Unit III-"Where I Live"

- Too detailed. (S)
- Children should be shown the real, not the ideal. (D)
- Too middle class and urban oriented; inapplicable for low income and non-urban areas. (T) (S) (D)
- Should be more concrete and definite about topics. (S)

- Should use short paragraphs with pictures and illustrations. Should be practical resource vs. reading. (T)
- On page 54, more of a bridge should be made with the previous units. (T)
- Should begin with child as individual, then expand to family, community, state, region and nation. (T)
- Should include more emphasis on home, neighborhood and community. (D)
- Should be more specific; most children would say "I live in a house." (S)
- Difficult for some children to memorize their address. (S)
- Should stress appreciation of home and pride in cost efficient housekeeping. (S)
- Should include more on home hygiene. (S)
- Should focus on type of home (building) and help each child find self-respect for his home environment. (T)
- Should deal with different types of homes and environments (e.g., apartments, farms). (S)
- Should discuss rural life (e.g., farming). (S)
- Should have material on how people live and dress in different areas of the country and world (e.g., Eskimos, Indians, Hawaiians; people who live in warm climates vs. cold climates). (S)
- Discussion of home use (e.g., bedrooms on page 55) is unrealistic and inapplicable to the home environments of some children. Staff has had to reassure children whose life styles are different than those portrayed that their life styles are acceptable too. Also, parts of this unit could be viewed as condescending by Head Start staffs. (S)
- Should teach children safety procedures for emergencies (e.g., house on fire) so that they'll know what to do and not panic. (S)
- Some things on safety are too fear producing for four year olds. Safety should be taught as opportunity presents itself. (S)
- Page 56, should include more emphasis on accident prevention; should teach children to think of consequences of acts. (T)
- Neighborhood safety should deal with alleys and walkways. (D)

- Page 57, should include safety regarding playing in the street. (S)
- Add something on the handling of pets. (S)
- Page 59, A58 "Who would you like to be?" presents very glamorous male professions and very subservient female occupations. (S)
- Information difficult to relate to children who do not have fathers. (S)
- Should encourage cooperation with public health services and systems. (D)
- Should include more activities for children. (S)
- Should include activities for children to fill out--height and weight charts and list on which to record emergency phone numbers to take home. (D)
- Classroom activities (throughout book) and especially A43 and A44 (page 58) are confusing. Should list (in looseleaf format) activities at end of section rather than cross-reference. (T)
- Each section A, B, C, and D should include all activities and games for that unit. Heavier paper should be used and perforated so that one unit could be pulled out (e.g., the list of specific things to watch out for on pages 60-61 is good to pull out and post). (T)
- Should include a bibliography of readings, free materials, and home safety kits; put suggestions at back and at end of each section with bibliography. On page 58, list the "resource aids" and their prices. (T)

d. Unit IV-"I'm Growing and Changing"

- Too middle class. (T)
- Too much detail. (S)
- Too structured. (S)
- Too advanced for five year olds. (S)
- Should emphasize at beginning that teacher can substitute activities and materials if needed. (T)
- Should include more explicit classroom activities. (D)
- Should incorporate more art and classical music activities. (S)

- Children shouldn't be questioned about what's going on at home (e.g., children can't always bathe themselves so it encourages them to lie rather than feel badly or admit parents' failure to do it). (S)
- Page 67, left side is too middle class and stereotyped. One should not dictate at what age a child should begin writing or copying. Common posture and leg skills are excellent but one should not be specific on age level. (T)
- Page 68, diagrams are great and easy to find. Need many more of these throughout the guide. (T)
- Too much emphasis on grooming; "grooming" is subjective. "NO NEED FOR CROOKED TEETH" (page 69) and the section suggesting that each child bring his/her own toilet articles (page 71) is unrealistic. (T)
- Page 70, contains vital information (especially the third paragraph) but it is hidden in too much written material and too many paragraphs. Make the guide easier to read; break it up. (T)
- The short paragraph form probably leaves many para-professional staff up in the air; background material is difficult for them also. (D)
- Page 76, should include specific kinds of motor development exercises. (T)
- Difficult for children to conceptualize growing up. (S)
- Should include allowances for children who are not growing as fast as others. (S)
- Some activities beyond capabilities of children (e.g., successfully brushing teeth at ages three to four and shampooing hair at ages five to six). Coordination isn't always what it should be because of delayed development. (S)
- This unit should not only deal with physical changes but also with the changes in social environment both inside and outside of the child's neighborhood: black schools vs. white schools, Chicano barrios vs. white neighborhoods. (D)
- Should include greater awareness of emotional changes and feelings in relation to growing changes. (D)
- Should show exact changes of body growth in real proportions (draw around baby brothers; use scale models from birth to age six). (T)

- Needs more on normal growth and development of children--the normal growth patterns, abilities, and muscle functions child should have. (S)
- Body anatomy too detailed for the four to five age group (e.g., bones, muscles, teeth, blood). (S)
- Elementary unit on sex education using proper terms for body parts should be in this unit and not in the first unit. (T)
- Page 80, discussion of affection father and mother share, and child's imitation and reward is too general and vague. (S)

e. Unit V-"Who Helps Me Take Care of My Health"

- This unit is too advanced, too structured and too detailed. (S) (T)
- The pictures are not clear and the index printing is too small. (T)
- More pictures should be included. (S)
- More emphasis should be directed toward parents. (S)
- Should include more emphasis on positive side of doctors and others in order to counteract fear, and also more emphasis on dental health. (T)
- Should go beyond doctors, nurses and dentists to community helpers. Others are just as important, such as sanitation workers and farmers who raise milk cows. (S)
- Should stress that people outside licensed health professions are needed too. (S)
- On page 96, the important role of pre-school staff in record keeping should be stressed. (D)
- Common health facilities in communities should be listed. (D)
- Needs to be updated with changing health care (e.g., increase in Health Maintenance Organizations). (S)
- Health problems should be included in this unit. (T)
- Include a chart on skin eruptions with pictures to aid identification. (S)
- Change "measles and German measles" to "measles and rubella." (S)

- The section on teeth on page 98 should be included in Unit I. (T)
- Should have more on dental health and immunizations and more on how to educate parents about them. (S)
- Needs more emphasis on preventive dentistry. (S)
- Should include appropriate first aid techniques for use in the home. (S)
- Poisoning (page 102) belongs with accidents. (T)

2. Comments and Suggestions for Changes in the Children's Book

- Too advanced. (T)
- Eliminate it. (S)
- Too structured; stunts creativity. (D) (S) (T)
- Should include page numbers. (S)
- Should be in looseleaf form. (S)
- Doesn't stay open the way it is bound now; should be bound like a notebook with rings or spirals. (S)
- Should open from side, not from top; as it is, book doesn't stay open. (S)
- Should not be mandatory; should be more flexible. (D)
- Should emphasize that use is optional. (T)
- Should be used as pilot project on limited basis. (D)
- "Workbooks" require teachers to work with children on a one-to-one basis. (S)
- Should be used only as an idea book for teachers. (T)
- Should be used by teachers as guide for ideas; should be used page by page as visual aid; should not have one book for each child. Teachers should not rely on it too much; they should use charts, games and blackboards. Should have separate guide for teachers on how to use children's book. (D)
- Provides easy way out for teachers; they tend to rely on it too much. Requires careful, experienced, and trained usage. (T)

- Should include more information for teachers on how to use it, and stick figures to help with instructions. (T)
- Should be sent home at end of year for parents to see and use as record of medical treatment. (D)
- Busy work; children get bored. (T)
- Should let child make book for himself. (T)
- Should be a book children could add things to so it would be a booklet of their own. (S)
- Should be made shorter; it is too long for three to five year olds. (D) (T)
- Too specific for younger children. They become frustrated when their drawings do not match the examples or those of older children ("this is how girls look, this is how boys look"). Some ideas should be discussed, not drawn. Should specify which activity is designed for which age group, with separate books for each age group. (T)
- Frustrates child who can't do activities. (D)
- Hard for children to draw specific things. (S)
- Too much repetition; child draws many pictures of himself. (S)
- Should have mostly pictures, few words, and only one concept or idea per page. (S)
- Should use more discussion type pictures that child can relate to. (T)
- "What I can do to help at home" is good to talk about but there is nothing to draw. (S)
- Should have blank pages in each unit so child can draw suggested pictures. (S) (T)
- Should suggest uses of creative art materials. (T)
- Should include cutting out of pictures, matching objects, coloring and less drawing. (S)
- Maybe have a diagram of a child with body parts labelled or a diagram of a body with punch out eyes (in different colors), mouth, etc., to put on. (S)
- Have figures with missing body parts and let children draw missing parts. (S)

- Should have less crowded pages; small pictures are vague and confusing. (S)
- Should have larger, more realistic things for children to color. (S)
- Should have one large picture per page; children aren't coordinated enough to draw in small spaces. (S)
- Should use big color pictures and photographs as well as cartoon illustrations. (D)
- Should have larger pages, larger color pictures, and more space for freehand drawing. (T)
- "My birthday is" page: should include age six because some children are six before they leave Head Start and should have one big cake picture with punch out candles. (S)
- Leave out drawing picture of when child was a baby. (S)
- "Me and my family" page needs to be larger. Omit pages on Mother and Father because not all families are intact. (S)
- Develop more on "inside of me." (S)
- Map of United States is too advanced for three to five year olds. (D)
- Should include more varied activities; actual experience is more meaningful. (S) (D)
- Should include role playing of nurses, doctors, and dentists. (S)
- Should include simple phonics and "sound alikes" to teach about health-related words. (S)
- Should suggest games for giving directions (e.g., for use when cleaning up playground). (T)
- Too difficult for children to draw: "Where I play," "Some things in the place where I live," "Places I would like to go," "Who helps me feel better when I'm sick," "Who helps me take care of my health," "My trip to the clinic," "Things I like to do with my body," "Some things in the place where I live," "Where I live in the U.S.A." (S)
- "What my mother/daddy does for me" presents middle class view of parents and implies parent is bad if she/he can't provide certain things. (T)
- Hard for children without fathers to complete some of the drawings. (S)

- Should bring in older people outside of nuclear family. (S)
- Approach to child's visit to doctor should be less middle class. (T)
- Should stress importance of health and hospital care and consequences of poor health care. (S)
- Should include different holidays. (S)

3. Comments and Suggestions for Changes in the Parent Handbooks

a. General Observations

(1) Staff

- Parent handbooks have too much reading matter, and are too general, too elementary and too authoritative.
- Handbooks should be more of a follow-up of what teachers cover in class.
- Should take more from teacher's manual and make a workbook for parents. Should address parent health, etc. Shouldn't be so child-oriented. Should include visual materials (e.g., dental floss).
- Should include more information on how to work with parents and suggestions for ways to motivate them.
- Should be used as resource and not rigidly followed or used as sole source.
- Should be combined into one book.
- Material should be presented in one sheet, front and back; parents aren't inclined to pick up and read four or five pages.
- Should use question and answer form.
- Should have fewer exclamation points because the way they are used is condescending.
- The print is too small.
- Use the printing in handbooks 4 and 7 in all parent handbooks.
- Handbooks should be available in Spanish.
- More pictures and cartoons are needed.
- Take cartoon illustrations out, especially in handbooks 1 and 2; use realistic pictures; put captions with pictures.

- Spanish and Indian illustrations are demeaning for parents.
- Should include information on family planning.
- Needs more information on traffic, water, and playground safety.
- Needs information on first aid procedures to use if injury, accident, or other emergency occurs in the home.
- Should include information on head lice, ringworm, allergies, and sickle cell anemia.
- Should emphasize preventive dentistry and immunizations.
- Should emphasize that the sick child should be kept home from school.
- Needs more information on mental health.
- Needs more information on normal stages of child growth and development. Should discuss importance of mother's pre-natal care for normal development of child.
- Should include information on hair and skin care.
- Should have supplements on sex education and sudden illnesses.
- Should include more information on nutrition, diet, low cost foods, and nutritional meal plans.
- Should include information on defective foods and botulism.
- Should include stickers to put on bottles with harmful contents (e.g., poisons).
- Should include activities parents can do with children which stress togetherness and being outside (e.g., low cost family outings, toy making, etc.).

(2) Parents

- Should present more detailed information.
- Should be simpler.
- Should have shorter stories and less reading.
- Should have more pictures.
- Should include pictures which would interest children so parents could use them to tell stories to children.
- Should include an index.

- Should be more durable; should have hard cover.
- Should be accompanied by a folder, in which handbooks could be kept.
- Should be one book, not seven, with chapters on different topics.
- Should have them in Spanish.
- Should tell parent more about what can be done rather than just what not to do.
- Should stress necessity of cleanliness when handling food.
- Should include information for parents on cancer and its symptoms.
- Should include information on drug abuse.
- Should have more on children's manners.
- Should include more information about the eyes (e.g., symptoms of "lazy eye").
- Should include more information on the hyperactive child.
- Should include more information on emotional problems.
- Should include information on how to teach children to be more germ conscious.

b. Detailed Observations

(1) "Your Part as a Parent in Healthy, That's Me"

- Should present more detailed information. (P)
- Should tell more about what a parent should do. (P)
- Should give examples of explanations you could give a child. (P)
- Should include more pictures that you can show child and more examples. (P)
- Should have more detail on how doctors, dentists and nurses are good, and on how not to lie to child and say something won't hurt when in fact it will. (P)
- Idea of making meal time a time to talk is not appropriate for two to six year olds. At that time, they are just learning good eating habits. (P)
- Should have more information on poisoning. (P)
- Should include a parent handbook after this one which would give a clear and simple description of body parts and functions. (S)

(2) "Your Family"

- Should present more detailed information. (P)
- Handbooks are too wordy. Should use shorter sentences. (P) (S)
- Should include more detail on ideas presented (e.g., on "family jobs"); there should be more cartoons to illustrate these ideas. (S)
- Should include more on how to go about teaching child concepts presented and how to get parents to accept responsibility for this. (P)
- Should include families with one or no parents. (P)
- Should explain concept of sharing to children. (P)
- Needs to explain discipline better. (P)

(3) "Americans All"

- The printing should be changed. (P)
- Stories are too long. (P)
- Language is difficult to comprehend; there is too much reading; it should concentrate on making one single point. (S)
- Should be written in more adult language. (S)
- Should include more information about other countries. (P)
- Very poorly done; needs more on different ethnic groups. (P)
- Should include information on Chinese, Japanese, Italians, Irish and Jews. (P)
- There is too much emphasis on differences between groups. (S)

(4) "Making it Easier to Keep Healthy at Home"

- Should include more detail on information presented. (P)
- Should eliminate most exclamation points in first few pages--they are condescending. (S)
- Should eliminate housecleaning hints in section 3. (S)
- Should include things parents can tear out and use (e.g., a check-list, "hot don't touch" adhesive stickers for stove, emergency sticker for phone, etc.). (S)

- Should provide more information on how to make children aware of household responsibility. (P)
- Should provide more information on teaching a child about fire, medicines, etc. and the importance of safety and being clean. (P)
- Should provide suggestions on ways to prevent children from getting into things they shouldn't. (P)
- Should include more on objects that could be harmful if children put them in mouth (e.g., balloons and toys). (P)
- Should include a guide on what to look for in a toy, i.e., what things are dangerous. (P)

(5) "Your Growing Child"

- Materials should be expanded to include helpful hints. (S)
- Should be put on more of an adult level. (P)
- Should include more information on nutrition. (P)
- Should include recipes and suggestions on how to prepare food so children like it. (P)
- Should have more on how to teach ideas about children's behaviors and manners. (P)
- "A healthy child has his very own name, size, etc.," should be changed to "a child..." because all children have their own names, sizes, etc., whether or not they are healthy. (P)
- Should include what a child can do at different ages and what kinds of activities parents can do with their children. (P)
- Should suggest simple exercises for gross motor development. (P)

(6) "Dealing with Family Upsets"

- Too wordy and too general. (S)
- Should include more specific information. (S) (P)
- More on mental health problems should be included with emphasis on the importance of seeking counsel and that it is nothing to be ashamed of. (S)
- More detail needed in checklist of trouble spots. (S)

- Should include more information on alcohol abuse. (P)
- Should talk more about physical handicaps because some children don't understand this problem. (P)
- Should provide more examples of what to do when ... happens (e.g., death, divorce, mental illness). (P)
- Should include a bibliography listing free and low cost materials available. (S)

(7) "Your Child's Health"

- Needs better pictures so you can show children examples; have format of pictures in handbook 5 for handbook 7. (P)
- Should include a list of poisons, including household products, and antidotes. (P)
- Chart on page 104 of teacher's manual should be included. (S)
- The first page on immunizations and childhood diseases should be in first book for parents to have all year. (S)
- Should include information on other diseases in addition to childhood diseases (e.g., strep throat, polio, tuberculosis). (P)

APPENDIX D

ALTERNATIVE HEALTH EDUCATION MATERIALS USED IN HEAD START

APPENDIX D

The President's Committee on Health Education, Subcommittee on Pre-School Education, has found that "health education" at the pre-school level usually means the delivery of health services (e.g., establishing a relationship with a pediatrician) or the conveyance of minimal health-related information (e.g., what can a nurse do?). More importantly, and not unexpectedly, the Committee found a great emphasis on elementary school and secondary school health education and very little at the pre-school level.[1]

Our evaluation of Head Start experience with Healthy, That's Me has revealed that the approach to health education in Head Start centers is quite varied, both with respect to methods and materials. In Appendix D we present examples of materials reported by Head Start staff as part of their health education component.[2]

1. Instructional Materials[3]

Bank Street College Early Childhood Discovery Materials (published by McMillan), Bank Street College, 610 West 112th Street, New York, New York 10025.

---

[1] These comments are based on conversations with Scott Simonds and Anne Impellizzeri of the President's Committee on Health Education staff. The report of the President's Committee on Health Education has been completed and was presented to Caspar Weinberger, Secretary of the Department of Health, Education, and Welfare in April 1973. At this time, the date the report will be released to the public is not known.

[2] It was not part of this study to verify either whether those materials named include health components, or whether they can be classified legitimately as health materials. We would note, however, that respondents who cited these materials did identify health-related activities in the materials that they found useful to "educate" Head Start children and parents.

[3] Where possible, names and addresses of publishers are provided.

Weikert Cognitive Model, Hi-Scope Educational Research Foundation,
125 North Huron, Ypsilanti, Michigan 48197.

Demonstration and Research Center for Early Education (DARCEE) materials.

Tucson Early Education Model.

Peabody Kindergarten Kits.

Far West Regional Educational Laboratory Responsive Environment Curriculum.

Southwest Regional Educational Development Laboratory Materials.

Northwest Rural Opportunity Child Care Curriculum.

Rebound Program materials.

Dr. Paul Merris' Human Development Program.

"School Before Six" health and social studies curriculum guide.

"Teaching Pictures," David C. Cook Series; Elgin, Illinois:

- "Food and Nutrition"
- "Home and Community Helpers"
- "Health and Cleanliness"
- "Safety Theme"
- "Moods and Emotions"

"Teaching Tools" materials.

2. Books and Pamphlets

Medical Books for Children, Lerner Publications Co.; 241-1st Avenue, N.
Minneapolis, Minnesota:

- Perry The Medicine Maker-Study of Penicillin, Sherrie S. Epstein
- Dear Little Mumps Child, Marguerite Rush Lerner, M.D.
- Peter Gets the Chicken Pox, Marguerite Rush Lerner, M.D.
- Doctors' Tools, Marguerite Rush Lerner, M.D.
- Michael Gets the Measles, Marguerite Rush Lerner, M.D.
- Karen Gets a Fever, Miriam Gilbert

The Wonders of Science, Bertha Morris Parker; Western Publishing Co., New York.

"How Your Child Learns About Sex," Ross Laboratories.

"A Beaver's Tale" (dental), "If These Were Your Children" (health and behavior problems), Metropolitan Life Insurance Company.

"Are You Sure Your Home is Safe for Your Children?," Prudential Insurance Company.

"Health of the Child," American School Supplies.

"Your Child and Discipline," booklet and filmstrip (for parents), National Education Association, 1201 16th Street, N.W. Washington, D.C. 20005.

Crowell Science Library books.

"Nutritional and Dental Health" (government publication, GPO 1969-0-365-579), Information Office, National Institute of Dental Research, National Institutes of Health, Bethesda, Maryland 20014.

"Clean and Neat Is Hard to Beat," Cleanliness Bureau, The Soap and Detergent Association, 1200 18th Street, N.W. Washington, D.C. 20036.

"Our Food--Where it Comes From," Ada Polkinghorne, The University of Chicago Laboratory School, 5801 S. Ellis, Chicago, Illinois 60637.

Health Can Be Fun, Munro Leaf (published by J.B. Lippincott).

A Visit to the Dentist, Bernard Garn, M.D.

Good-bye Tonsils, Anne Welsh Guy.

A Visit to the Hospital, Lester L. Coleman, M.D. and Flanders Dunbar, M.D.

A Visit to the Doctor, Robert A. Pidwell, M.D., Knute Burger, M.D. Margaret Haseltine, M.N. and Thurman B. Givan, M.D.

"Good Teeth for Head Starters," Crest Professional Services, Proctor and Gamble.

"Caring for Children," Office of Child Development publications.

"Head Start on Health," Office of Child Development publications.

"Health Services: A Guide for Project Directors and Health Personnel," Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20404.

"Teaching Your Child Good Eating Habits for Life," Food and Nutrition Committee, Missouri Home Economics Association.

Dental Health Facts for Teachers (calendar and poster); American Dental Association; Chicago, Illinois 60606.

"Mother Goose Says, Smile and Be Proud of It," California Dental Association, P.O. Box 91258, Tishman Airport Center, Los Angeles, California 90009

National Society for the Prevention of Blindness, Inc., 79 Madison Avenue, New York, New York 10016:

"Make Sure Your Child Has Two Good Eyes"
"First Aid for Eye Emergencies" (sticker)
"Professor Ludwig von Drake's I.Q."
"Charlie Brown, Detective"
"Half of All Blindness is Needless"

National Dairy Council; 111 North Canal Street, Chicago, Illinois 60606:

"Nutrition Source Book"
"Dairy Council Digest"
"Feeding Little Folks"
"Food Before Six"
"For Good Dental Health, Start Early"
"Growing Up"
"Your Children's Health Day By Day" (also in Spanish)
"Food and Care for Dental Health"
"Milk, Its Food Value"
"My Visit to the Dairy"
"How Your Body Uses Food"
"Where We Get Our Food"
"How Teeth Grow"
"Your Guide to Good Eating and How to Use It"
A Guide to Good Eating (poster and miniature; also in Spanish)
Every Day...Eat the 1-2-3-4 Way! (posters and miniature)
Do You? (poster and miniature)
More Milk, Please (pamphlet and poster)
Have a Happy, Healthy Smile (poster)
What Can We Do Day By Day (posters)
We All Like Milk (posters)
Milk Made the Difference (poster)
Meals and Snacks for You (posters)
Dairy Farm Panorama Kit (posters and record)
Milk Information Sheet
Display Kit for Food Models
Uncle Jim's Dairy Farm (pamphlet and film)

3. **Audio-Visual Materials:**

Films:

Patterns for Health, Modern Talking Picture Service Film Library
Parents are Teachers Too, Modern Talking Picture Service Film Library
A Child's Tomorrow, Modern Talking Picture Service Film Library
Operation Head Start, Modern Talking Picture Service Film Library
Looking at Children, Modern Talking Picture Service Film Library
A Day of Poisons
Seek and Hide
Eat for Health
How to Catch a Cold
Teeth White, Teeth Bright
Elmer's Elephant
Why Eat Our Vegetables
A Visit to the Dairy
Turn Off Pollution
Tortoise and the Hare
You and Your Food
Milk
Zoo Animals
Eat Well, Groom Well
Water Trap
Billy Meets Tommy Tooth
It's Time to Talk About Your Child's Teeth
A-Z of Walking Safety, S. Davis Producer
I am No Fool in Water - Walt Disney
I am No Fool as a Pedestrian - Walt Disney
I am No Fool with a Bicycle - Walt Disney
I am No Fool with Fire - Walt Disney
Trick or Treat - Walt Disney

Records:

"Health-Cleanliness-Safety," by Irving Caesar.

"Learning Basic Skills Through Music: Health and Safety," by Hap Palmer.

Walt Disney-Jiminy Crickett, plus records on health.

"Good Teeth Songs," Crest Professional Services, Proctor and Gamble.

"Good Teeth Stories," Crest Professional Services, Proctor and Gamble.

In addition to the health education materials identified above, other materials have come to our attention which are available for examination and possible use in Head Start. These materials include:

"Child Mental Health Care Library," National Institute of Mental Health Communication Center, 5600 Fishers Lane, Rockville, Maryland 20852.

A Parent Education Program in the Pediatric Clinic, Joseph Glick, Mt. Sinai School of Medicine, New York.

"Resources for Day Care," Day Care and Child Development Council of America, Inc., 1426 H Street, N.W., Washington, D.C. 20005 (publication list which includes health education resources).

"Child Development and Other Publications Relating to Children and Youth," Price List 71, May 1973, U.S. Government Printing Office, Washington, D.C. 20402.

Baby and Other Teachers, May Aaronson and Jean Rosenfeld, Research Press Co., P.O. Box 3177, Dept. F, Champaign, Illinois (available fall 1973).

"Head Start to Health," developed by Greeley, Colorado Head Start staff, 1020-5th Avenue, Greeley, Colorado 80631.

"Your Child and Household Safety," Jay M. Arena, M.D., Chemical Specialties Manufacturers Association, Inc., 50 East 41st Street, New York, New York 10017.

American Academy of Pediatrics, 1801 Hinman Avenue, Evanston, Illinois:

"Accidents in Children"
"Safe Swimming for Your Boy and Girl"
"Responsibility Means Safety for Your Child"
"Obedience Means Safety for Your Child"
"Protect Your Baby"
"First Aid Treatment for Poisoning"
"First Aid Chart"

"Catalogue of Publications and Films," National Society for the Prevention of Blindness, Inc., 79 Madison Avenue, New York, New York 10016 (some materials available in Spanish).

"Nutrition Education Materials--1973 Catalogue," National Dairy Council, 111 North Canal Street, Chicago, Illinois 60606.